

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001748

Entity Name: BAYSHORE VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 16, 2018
Secretary of State
CC9005464794

Current Principal Place of Business:

FIRST SERVICE RESIDENTIAL
5805 BLUE LAGOON DRIVE SUITE 310
MIAMI, FL 33126

Current Mailing Address:

FIRST SERVICE RESIDENTIAL
5805 BLUE LAGOON DRIVE SUITE 310
MIAMI, FL 33126 US

FEI Number: 65-0172716

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE, STE. 1102
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name REYES, FRANK
Address 3507 BAYSHORE VILLAS
City-State-Zip: COCONUT GROVE FL 33133

Title PRESIDENT
Name SEGALL, BERNARD
Address 3517 BAYSHORE VILLAS DRIVE
City-State-Zip: COCONUT GROVE FL 33133

Title SECRETARY
Name HOFFMAN, DEBORAH
Address 3525 BAYSHORE VILLAS DR
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name OREN, NEDRA
Address 3526 BAYSHORE VILLAS DRIVE
City-State-Zip: COCONUT GROVE FL 33133

Title TREASURER
Name MENDELSON, LARRY
Address 3518 BAYSHORE VILLA
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name QUEVEDO, MARTHA
Address 3527 BAYSHORE VILLAS DRIVE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name LOTT, GEORGE
Address 3523 BAYSHORE VILLAS DRIVE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name KRAMER, GARY
Address 3520 BAYSHORE VILLAS DR.
City-State-Zip: MIAMI FL 33133

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BERNARD SEGALL

PRESIDENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KOFFSKY, DANIEL
Address FIRST SERVICE RESIDENTIAL
 5805 BLUE LAGOON DRIVE SUITE 310
City-State-Zip: MIAMI FL 33126