

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001748

**Entity Name:** BAYSHORE VILLAS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC7820646063**

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

Title VP  
Name LEVITT, MORRIS  
Address 3519 BAYSHORE VILLAS  
City-State-Zip: COCONUT GROVE FL 33133

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

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

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

Title T  
Name MENDELSON, LARRY  
Address 3518 BAYSHORE VILLA  
City-State-Zip: COCONUT GORVE 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

*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**

**03/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date