

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711518

FILED
Apr 28, 2006
Secretary of State

Entity Name: BAYVIEW SCHOOL ASSOCIATION, INC.

Current Principal Place of Business:

1175 MIDDLE RIVER DR
FT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

1175 MIDDLE RIVER DR
FT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 23-7105794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COFFMAN, JANE
1175 MIDDLE RIVER DRIVE
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOWERS, KIM
Address: 2847 NE 36TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPD () Delete
Name: HARLEY, AMY
Address: 2880 NE 25TH COURT
City-St-Zip: FT LAUDERDALE, FL 33306

Title: VPD () Delete
Name: CAPRIO, CATHY
Address: 1712 NE 20TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: T () Delete
Name: ALONSO, KIM
Address: 1807 NE 27TH DRIVE
City-St-Zip: WILTON MANORS, FL 33306

Title: VPD () Delete
Name: FOQUIM, DENISE
Address: 2832 NE 18TH TERRACE
City-St-Zip: WILTON MANORS, FL 33306

Title: CS () Delete
Name: EVANS, COLETTE
Address: 3800 NE 45TH STREET
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIM SOWERS

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date