2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713200

FILED Feb 03, 2009 Secretary of State

Entity Name: BAYSIDE TERRACE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1670 BAY ROAD

MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

P. O. BOX 402827

MIAMI BEACH, FL 33140 US

FEI Number: 59-1232962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

URBAN RESOURCE, INC. 1181 71ST STREET MIAMI BEACH, FL 33140 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: DANIEL VEITIA 02/03/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: BRES (X) Change (X) Addition Name: CALLAZO, ROBERT Name: BECHERS, DELETERS DELETER

Name: CALLAZO, ROBERT Name: BATCHELIAS, INDIANTINGT
Address: 1670 BAY ROAD, UNIT 2D Address: 1670 BAY ROAD, UNIT 8F
City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 US

Title: T () Delete Title: T (X) Change () Addition Name: MAGALDI, ANTHONY F Name: MAGALDI, ANTHONY F

Address: 1670 BAY ROAD, UNIT 2A City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 WS

 $\label{eq:title:title:VP} \mbox{Title:} \mbox{ VP } \mbox{() Delete} \mbox{ Title: VP } \mbox{(X) Change () Addition}$

 Name:
 INASI, MERLE
 Name:
 INASI, MERLE

 Address:
 1670 BAY ROAD, UNIT 2E
 Address:
 1670 BAY ROAD, UNIT 2E

City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 US

Title: () Delete Title: (X) Change () Addition Name: IGLESIAS, MARIVI Name: CALLAZO, ROBERT 1670 BAY ROAD, UNIT 4F Address: Address: 1670 BAY ROAD, UNIT 2D City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify 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: MARIVI IGLESIAS PRES 02/03/2009