2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/1

FILED
Feb 07, 2005 8:00 am
Secretary of State
01-13-2005 90001 005 ****61.25

DOCUMENT # 714225

1. Entity Name
BAY ISLAND VILLAS, INC.

Principal Place of Business	Mailing Address
3101 NE 27 STREET #205 FT LAUDERDALE, FL 33308 US	3101 NE 27 STREET #205 FT LAUDERDALE, FL 33308 US

66001199

01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1285334
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINDIE, BETH F
315 SOUTHEAST 7TH STREET
SUITE 300
FORT LAUDERDALE, FL 33301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUBERG, WALTER
STREET ADDRESS	3101 NE 27 STREET #205
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VTD
NAME	GOODWIN, FRANCES
STREET ADDRESS	3104 NE 27 STREET #203
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	SD
NAME	SOMERS, PATRICIA
STREET ADDRESS	3105 NE 27 ST, #207
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #