

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90026 037 ****61.25

DOCUMENT # 714323

1. Entity Name
BAHIA VISTA CONDOMINIUM, INC.



Principal Place of Business
**1750 N.E. 115TH ST.
MIAMI, FL 33181**

Mailing Address
**1750 N.E. 115TH ST.
MIAMI, FL 33181**

40110533



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1209796

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POMBO, CINTIA
1750 NE 115 ST., UNIT 504
MIAMI, FL 33181**

Name **TERRIO, DORIS**

Street Address (P.O. Box Number is Not Acceptable)

1750 NE 115 ST, UNIT 505

City

MIAMI

FL

Zip Code

33181

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

Doris Terrio

DORIS TERRIO, SECRETARY 7/10/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME MANZO, LOUIS
STREET ADDRESS 1750 NE 115 ST, # 102
CITY-ST-ZIP MIAMI, FL 33181

TITLE P/D ☐ Change ☒ Addition
NAME BERMUDEZ, OMAR
STREET ADDRESS 1750 NE 115 ST UNIT 103
CITY-ST-ZIP MIAMI, FL 33181

TITLE VP ☒ Delete
NAME DOMINGUEZ, RICARDO
STREET ADDRESS 1750 NE 115 ST., #203
CITY-ST-ZIP MIAMI, FL 33181

TITLE V/P ☐ Change ☒ Addition
NAME HENDRIX, TODD
STREET ADDRESS 1750 NE 115 ST UNIT 601
CITY-ST-ZIP MIAMI, FL 33181

TITLE PD ☐ Delete
NAME HODGES, DOLORES
STREET ADDRESS 1750 NE 115 ST, # 409
CITY-ST-ZIP MIAMI, FL 33181

TITLE T/D ☒ Change ☐ Addition
NAME HODGES, DELORES
STREET ADDRESS 1750 NE 115 ST UNIT 409
CITY-ST-ZIP MIAMI, FL 33181

TITLE S ☐ Delete
NAME TERRIO, DORIS
STREET ADDRESS 1750 NE 115 ST., UNIT 504
CITY-ST-ZIP MIAMI, FL 33181

TITLE S/D ☒ Change ☐ Addition
NAME TERRIO, DORIS
STREET ADDRESS 1750 NE 115 ST UNIT 505
CITY-ST-ZIP MIAMI, FL 33181

TITLE TD ☒ Delete
NAME POMBO, CINTIA
STREET ADDRESS 1750 NE 115 ST #504
CITY-ST-ZIP MIAMI, FL 33181

TITLE D ☐ Change ☒ Addition
NAME STURDEVANT, MARY
STREET ADDRESS 1750 NE 115 ST UNIT 201
CITY-ST-ZIP MIAMI, FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Doris Terrio* **DORIS TERRIO 7/10/08 (35) 891-4790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #