2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 21, 2006 8:00 am Secretary of State DOCUMENT # 714858 1. Entity Name 03-21-2006 90008 016 ****61.25 BAY PORTE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1501 BAYVIEW DRIVE 1501 BAYVIEW DRIVE APT. 201 FORT LAUDERDALE FL 33304 .-FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address 1501 BAYUGU DA Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0038083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAWIL, LIVIA 1501 BAYVIEW DR. Street Address (P.O. Box Number is Not Acceptable) **UNIT 201** FORT LAUDERDALE FL 33304 City 3330 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 FILE NOW: FEE IS:\$61.25 Election Campaign Financia Make Check Payable to \$5:60: мау во Trust Fund Contribution. Florida Department of State 🐔 Due By May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PDT Delete TITLE Change **Addition** TITLE OFF ENTHER KEN 1501 BAYVIEW OR #305 TAWIL, LIVIA NAME NAME 1501 BAYVIEW DR. #201 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP FORT LAUDENDAY FL 3330 CITY-ST-ZIP VP. VPD Addition Delete TITLE ☐ Change TITLE BEAN, KEITH OFENTHER, KEN NAME LOOI BAYVIEW DR #104 1501 BAYVIEW DR. #205 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-7IP PORT LAUDGROALE, PL 33304 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition TAWIL, LIVIA ISO BAYVEW OR, #101 NAME BLANDIN, JOHN JR. NAME STREET ADDRESS 1501 BAYVIEW DR. #101 STREET ADDRESS FT. LAUDERDALE FL 33304 CITY-ST-ZIP FORT LAUDERDAY, PL33301 CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED