

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90020 002 ****61.25

DOCUMENT # 714858 1. Entity Name BAY PORTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1501 BAYVIEW DRIVE APT 205 FORT LAUDERDALE, FL 33304 US				Mailing Address 9309 CHELSEA DR S PLANTATION, FL 33324 <i>C/O PHOENIX Mgmt.</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>4800 N. STATE RD. #7</i> Suite, Apt. #, etc. <i>F-105</i>			
Suite, Apt. #, etc.		City & State <i>LAUDERDALE LKS, FL</i>			
City & State		Zip <i>33319</i>		Country <i>U.S.</i>	
Zip		Country		01182008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0038083				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OFFENTHER, KEN 9309 CHELSEA DR S PLANTATION, FL 33324					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT OFFENTHER, KEN <input checked="" type="checkbox"/> Delete 9309 CHELSEA DR S PLANTATION, FL 33324				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENLEY, JODIE <input type="checkbox"/> Delete 2436 N FEDERAL HWY UNIT 210 LIGHTHOUSE POINTE, FL 33064				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, GAIL <input type="checkbox"/> Delete 1501 BAYVIEW DR #205 FT. LAUDERDALE, FL 33304				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Butler, Todd 2717 NE 26 Terrace Fort Lauderdale, FL 33306				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <i>2/25/08</i> Daytime Phone #					