

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718293

FILED  
Feb 02, 2011  
Secretary of State

Entity Name: BAYVIEW CONDOMINIUM, INC.

**Current Principal Place of Business:**

1345 LINCOLN ROAD  
OFC #306  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1345 LINCOLN ROAD  
OFC #306  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 59-1491351      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

TRIAI, CARLOS A P.A.  
2301 N.W. 87TH AVENUE  
SUITE 501  
DORAL, FL 33172 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DALEY, EUGENE L MR.  
Address: 1345 LINCOLN RD #1205  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: V  
Name: SCANNELLA, ANTHONY MR.  
Address: 1345 LINCOLN RD #PH-6  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: T  
Name: LETOURNEAUT, RAFAEL MR.  
Address: 1345 LINCOLN RD #503  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S  
Name: GARCIA, HECTOR MR.  
Address: 1345 LINCOLN RD #1005  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D  
Name: MARCUS, HAROLD R MR.  
Address: 1345 LINCOLN RD #303  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby 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 all other like empowered.

SIGNATURE: RAFAEL LETOURNEAUT

T

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date