FILED 2003 NOT-FOR-PROFIT CORPORATION Apr 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State **DOCUMENT # 722133** 04-23-2003 90255 035 ****61.25 BAY VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1790 S. TREASURE DRIVE 1790 S. TREASURE DRIVE N. BAY VILLAGE FL 33141 N. BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc M CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCES ARLOS RITTER, JOHN Street Address (P.O. Box Number is Not Acceptable) SUITE 20 9040 SUNSET DRIVE

MIAMI FL 33173 🗟

of registered agen

the obligations

SIGNATURE:

SIGNATURE

9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Addition TITLE Delete SCHECHTER, MILTON NAME 1790 S TREASURE DR. #2A STREET ADDRESS STREET ADDRESS CITY-ST-7IP n bay village fl CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE IGLESIAS, MICHELLE 1790 S TREASURE DR H3B N=BAY-VKLAGE-J-FL-33.44 la llave, michelle NAME NAME 1790 S TREASURE DR #3B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N.BAY_VILLAGE:FL:33141= CITY - ST - ZIP. ☐ Delete ☐ Addition TITLE TITLE ☐ Change GARCES, CARLOS A NAME NAME STREET ADDRESS 1790 S TREASURE DR #3C STREET ADDRESS CITY-ST-ZIP N BAY VILLAGE FL 33141 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE Barzola, anthony NAME NAME STREET ADDRESS 1790 S TREASURE DR #5A STREET ADDRESS CITY-ST-ZIP N. BAY VILLAGE FL 33141 CITY-ST-7IP De Lean, Autumn Change Delete Addition TITLE TITLE MARQUEZ, VIVIAN NAME NAME 1790 S TREASURE DR#4B 1790 S TREASURE DR #2B STREET ADDRESS STREET ADDRESS N BAY VILLAGE, FL 33141 CITY-ST-7IP N. BAY VILLAGE FL 33141 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition POSSE, OSCAR NAME NAME STREET ADDRESS 1790 S TREASUR DR, #3A STREET ADDRESS CITY-ST-ZIP N BAY VILLAGE FL 33141 CITY-ST-ZIP

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 an other like empowered.

QUARTOS GARCES

oril 18,2003 305-575-6323

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

(NOTE: Registered Agent signature required when reinstating)

CARLOS GARCES