

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90001 019 \*\*\*\*70.00

<b>DOCUMENT # 724882</b> 1. Entity Name <b>BAYVIEW POINT SO CONDOMINIUM ASSOC INC</b>					
Principal Place of Business <b>3601 NE 170TH STREET OFFICE NORTH MIAMI BEACH, FL 33160 US</b>			Mailing Address <b>3601 N.E. 170 STREET OFFICE NORTH MIAMI, FL 33160 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>CABALLERO, JOSE J 3601 N.E. 170 STREET OFFICE NORTH MIAMI BEACH, FL 33160</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP		TITLE	TREASURER	
NAME	ALVAREZ, IRINA <input checked="" type="checkbox"/> Delete		NAME	LEONARD SHATKINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	3601 NE 170 STREET #607		STREET ADDRESS	3601 N.E. 170 ST #304	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	P		TITLE	VICE SECRETARY	
NAME	DEFILLIPO, ANTHONY <input checked="" type="checkbox"/> Delete		NAME	APHAEL DEAMANGO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	3601 NE 170 ST #406		STREET ADDRESS	3601 N.E. 170 ST #501	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	PRESIDENT		TITLE	DIRECTOR	
NAME	FIREMAN, GAIL <input type="checkbox"/> Delete		NAME	MIKE SEWLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	3601 NE 170 ST #205		STREET ADDRESS	3601 N.E. 170 ST #401	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	SC		TITLE	DIRECTOR	
NAME	BOSCH, BELKIS <input type="checkbox"/> Delete		NAME	ANTHONY DEFILLIPO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3601 NE 170 ST # 608		STREET ADDRESS	3601 N.E. 170 ST #406	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	T		TITLE		
NAME	BARRENEEHE, CARLOS <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	3601 NE 170TH STREET, 604		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	V.P.		TITLE		
NAME	MEDERO, EDUARDO <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	3601 NE 170TH STREET, 409		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		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: <i>X Gail Fireman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>Aug. 20/08</i> Daytime Phone #: <i>(305) 949-4834</i>		