

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727275

FILED
Apr 22, 2008
Secretary of State

Entity Name: BAYVIEW OF TITUSVILLE CONDOMINIUM, INC.

Current Principal Place of Business:

525 INDIAN RIVER AVENUE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

525 INDIAN RIVER AVENUE
TITUSVILLE, FL 32796

New Mailing Address:

329 TAFT AVENUE
COCOA BEACH, FL 32931

FEI Number: 59-1485207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERR, GARY
329 TAFT AVE.
COCOA BEACH, FL 32931 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: PD () Delete
Name: KUTSCHE, ARTHUR J
Address: 525 INDIAN RIVER AVENUE #205
City-St-Zip: TITUSVILLE, FL 32796

Title: VD () Delete
Name: FLAKE, FRANK
Address: 525 INDIAN RIVER AVENUE #305
City-St-Zip: TITUSVILLE, FL 32796

Title: SD () Delete
Name: DILLER, GEORGE
Address: 525 INDIAN RIVER AVE #204
City-St-Zip: TITUSVILLE, FL 32796

Title: TD () Delete
Name: HUDSON, BOB
Address: 525 INDIAN RIVER AVE #404
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: EVANS, LEE
Address: 525 INDIAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D (X) Delete
Name: HUDSON, DOROTHY
Address: 525 INDIAN RIVER AVE. #404
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELLINGTON, MARY
Address: 525 INDIAN RIVER AVE #103
City-St-Zip: TITUSVILLE, FL 32796

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUDSON, DOROTHY
Address: 525 INDIAN RIVER AVE. #404
City-St-Zip: TITUSVILLE, FL 32796

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY HERR

AR

04/22/2008

Electronic Signature of Signing Officer or Director

Date