NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N43169

1. Entity Name

BAY VISTA CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
860 NE 78 STREET	SAME
Suite, Apt. #, etc.: BOX 100	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33138 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1914554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SKRLD, INC.

Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE, STE 1102

City: CORAL GABLES **FL** Zip Code: 33134

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 _____ LISA A. LERNER, SECRETARY 3/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PRESIDENT - JOSE BATTISTELA 860 NE 78 STREET #502 MIAMI, FL 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT - CHARLES A. GRODSON 860 NE 78 STREET #506 MIAMI, FL 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER - NATALIE SMITH 860 NE 78 STREET #206 MIAMI, FL 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY - ROLAND MONTAS 860 NE 78 STREET #304 MIAMI, FL 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSIST SECRETARY - KEELEY SANCHEZ 860 NE 78 STREET #307 MIAMI, FL 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR - DELSA BERNADO 645 NE 82 TERRACE MIAMI, FL 33138

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000533072 05/06/06-80108-016 61.25
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-23-06 305-248-5768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #