2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90099 024 ****61.25

1. Entity Nam	MENT #745714 BAY ASSOCIATION, INC.					02-03-2007	20022 02	24 0	1.23
Principal Place of Business 8201 BYRON AVE. MIAMI BCH., FL 33141		Mailing Address 8201 BYRON AVE. MIAMI BCH., FL 33141			60011553				
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-2285			_ `	plied For
Zip	Country Zip		Cour	ntry	5. Certificate o	f Status Desired		8.75 Add	litlonal
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New F	Registered A	gent	
			ľ	Name					
MORIS, ALBERT N ESQUIRE BECKER & POLIAKOFF, P.A.			Street Address		(P.O. Box Number is Not Acceptable)				
6161 BLUE MIAMI, FL	E LAGOON DR., \$TE. #250 33126		Ì						
	:		Ī	City			FL	Zip Code	9
	named entity submits this statement for	r the purpose of changing its r	registered	d office or registe	red agent, or both	, in the State of Fl		amiliar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .							***		
							DATE		
	Signature, typed or printed name of registered agent			Agent signature require		1 .	DATE		
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund C	paign Fir	nancing	\$5.00 May Be Added to Fees		DATE Make check ride Depart		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund C	paign Fir	nancing	\$5.00 May Be	Flo	flake check rida Depart	ment of St	ate
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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 receiper 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: \(\)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR