₹..

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED Apr 29, 2002 8:00 am § Secretary of State **DOCUMENT # 748154** 1. Entity Name 04-29-2002 90053 041 \*\*\*\*61.25 BAYSIDE TERRACE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 505 N.E. 30TH STREET 505 N.E. 30TH STREET LOBBY MAIL BOX 00-MIAMI FL: 33137-4304 MIAMI FL 33137-4304 US 🏥 🍇 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1937755 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent oftenbanca MARK A POFFENBARGER Street Address (P.O. Box Number is Not Acceptable) 959 GRANDON BLVD-KEY BISCAYNE FL 33149 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 **SIGNATURE** ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD TITLE TITLE Delete ☐ Change Addition NAME EVERITT, WARD NAME STREET ADDRESS 505 NE 30TH ST #602 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP PD TITLE Change ☐ Delete TITLE ☐ Addition BECK, Matthew BECT, MATT NAME NAME STREET ADDRESS 505 NE 30TH ST 601 STREET ADDRESS CITY-ST-7IP miami fl CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RAPPAPORT, SHELLEY NAME NAME STREET ADDRESS 505 NE 30TH ST 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE TITI F Change Addition ERNST, TRISH NAME NAME STREET ADDRESS 505 NE 30TH 405 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 ☐ Defete TITLE ☐ Change Jodi Krame NAME 505 NE 30 ST, PH3 NAME STREET ADDRESS STREET ADDRESS 33137 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted expowered 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 trust and statutes, with all other like empowered.