2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 748154

Entity Name: BAYSIDE TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1495 NORTH PARK DRIVE
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1495 NORTH PARK DRIVE
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 59-1937755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF P.A.
121 ALHAMBRA PLAZA
10TH FLOOR
CORAL GABLES, FL 33134 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: PEREZ, TATIANA
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326 US

Title: VP ( ) Delete
Name: PRIETO, ARLENE
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326 US

Title: VP ( ) Delete
Name: VAN HOOSEAR, LAUREN
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete
Name: JUTRONIC, KRISTIJAN
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326 US

Title: S ( ) Delete
Name: ERNST, TRISH
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CONCEPCION, CARMEN
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326 US

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

Title: D (X) Change ( ) Addition
Name: VAN HOOSEAR, LAUREN
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: T (X) Change ( ) Addition
Name: REYES, CARLOS
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326 US

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: MARK POFFENBARGER AGEN 04/16/2009

Electronic Signature of Signing Officer or Director — Date