

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749123

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: MIAMI BAYSIDE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

910 BAY DRIVE  
#34  
MIAMI BCH., FL 33141

## New Principal Place of Business:

## Current Mailing Address:

910 BAY DRIVE  
#34  
MIAMI BCH., FL 33141

## New Mailing Address:

FEI Number: 59-2230243      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PINEDA, CARLOS  
910 BAY DRIVE  
21  
MIAMI BCH., FL 33141 US

## Name and Address of New Registered Agent:

HALBERG, MICHAEL A  
10800 BISCAYNE BLD  
988  
MIAMI, FL 33161 US

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: HALBBERG MICHAEL A

02/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LASTRE, RICARDO  
Address: 910 BAY DR. #12  
City-St-Zip: MIAMI BCH., FL 33141

Title: D ( ) Delete  
Name: PINEDA, CARLOS  
Address: 910 BAY DR. #20  
City-St-Zip: MIAMI BCH., FL 33141

Title: D (X) Delete  
Name: FONTERIZ, MARIA  
Address: 910 BAY DR. #10  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: REY, ALEJANDRO  
Address: 910 BAY DR. #15  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: ALETHEA, ZOURAS  
Address: 910 BAY DR. #16  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: RICARDO LASTRE

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date