

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90074 044 \*\*\*\*61.25

**DOCUMENT # 758038**

1. Entity Name

**BAY HOUSE TOWER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**17878 N BAY ROAD  
MIAMI BEACH FL 33160**

Mailing Address  
**17878 N BAY ROAD  
MIAMI BEACH FL 33160**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-2390488**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNEIDER, CARMEN  
17878 N BAY ROAD  
#201  
MIAMI BEACH FL 33160**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME **POU, CONNIE**  
STREET ADDRESS **17878 N BAY RD AT 404**  
CITY ST ZIP **SUNNY ISLE FL 33160**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE DVP ☐ Delete  
NAME **SAM, ABOUZLAM**  
STREET ADDRESS **1878 NO. BY RD APT 205**  
CITY ST ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE S ☐ Delete  
NAME **CIOCCIO, JOE**  
STREET ADDRESS **17878 N BAY RD APT 604**  
CITY ST ZIP **SUNNY ISLE FL 33160**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE S ☒ Delete  
NAME **POU, CONNIE**  
STREET ADDRESS **17878 N BAY RD #404**  
CITY ST ZIP **MIAMI FL 33160**

TITLE ☐ Change ☒ Addition  
NAME **D. CARMEN SCHNEIDER**  
STREET ADDRESS **17878 N BAY RD #201**  
CITY ST ZIP **MIAMI FL 33160**

TITLE C ☒ Delete  
NAME **SAROZA, NORMA**  
STREET ADDRESS **17878 N BAY RD #505**  
CITY ST ZIP **MIAMI FL 33160**

TITLE ☐ Change ☒ Addition  
NAME **ELLIS WILLIAM**  
STREET ADDRESS **17878 N BAY RD #307**  
CITY ST ZIP **MIAMI FL 33160**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver 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: CARMEN SCHNEIDER**

*Carmen Schneider* 305 682 8887 1/18/7