

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90019 011 ***150.00

DOCUMENT # F97000006925

1. Entity Name
BAYVIEW FINANCIAL MANAGEMENT CORP.



Principal Place of Business
**4425 PONCE DE LEON BLVD. 4TH FLOOR
CORAL GABLES, FL 33146**

Mailing Address
**4425 PONCE DE LEON BLVD. 4TH FLOOR
CORAL GABLES, FL 33146**

40023716



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

02012008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0802021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOMSTEIN, BRIAN ESQ.
4425 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **SVP** ☐ Delete
NAME **FISCHER, JOHN H**
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **SVP** ☐ Delete
NAME **REPASS, ROBERT**
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **VPAS** ☐ Delete
NAME **CARR, THOMAS F**
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **VPC** ☐ Delete
NAME **WILLIAMS, MARVIN**
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **VP** ☐ Delete
NAME **BRIGGS, DAVID**
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **VP** ☐ Delete
NAME **CHARLETON, ELLEN**
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SV/CEO** ☒ Change ☐ Addition
NAME **Fischer, John H.**
STREET ADDRESS **4425 Ponce de Leon Blvd., 4th Floor**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **D/CEO** ☐ Change ☒ Addition
NAME **Ertel, David**
STREET ADDRESS **4425 Ponce de Leon Blvd., 4th Floor**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **D/COO** ☐ Change ☒ Addition
NAME **Quint, David E.**
STREET ADDRESS **4425 Ponce de Leon Blvd., 4th Floor**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **VP** ☒ Change ☐ Addition
NAME **Williams, Marvin**
STREET ADDRESS **4425 Ponce de Leon Blvd., 4th Floor**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **SV/S** ☐ Change ☒ Addition
NAME **Bomstein, Brian E.**
STREET ADDRESS **4425 Ponce de Leon Blvd., 4th Floor**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **SV** ☐ Change ☒ Addition
NAME **Evenson, Brett**
STREET ADDRESS **4425 Ponce de Leon Blvd., 4th Floor**
CITY-ST-ZIP **Coral Gables, FL 33146**

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 receiver or trustee empowered to execute this report as required by Chapter 607, 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

02-01-2008

(305) 854-8880

Date

Daytime Phone #

Brian E. Bomstein, SVP

ATTACHMENT

40023716

11. BAYVIEW FINANCIAL MANAGEMENT CORP.
DOCUMENT NO. F97000006925

TITLE	SV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OBRIEN, RICHARD		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	SV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WALDMAN, STUART		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	SV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEGNER, ROBERT A.		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SOMERVILLE, JASON		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAPORTE, PETER		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAWSON, BRIAN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOMINAC, EVE		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WAGOVICH, TAMMIE		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHITTENDEN, CURT		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHANKLIN, EMILY		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

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11. BAYVIEW FINANCIAL MANAGEMENT CORP.
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TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PIPER, LOUIS		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KENIG, AMIT		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V/C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GLASSMAN, MARK		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	AV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JAMES, JASON		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	AV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CURRAN, ERNEST		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	AV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOURE, GLADYS		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	AV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KELSEY, MELBA		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	AV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, KAREN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		