## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N04000009024

1. Entity Name BAYVIEW VILLAS ASSOCIATION, INC.



## **FILED** Mar 29, 2005 8:00 am Secretary of State 03-29-2005 90023 004 \*\*\*\*61.25

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2715 E OAKLAND PARK BLVD STE 201 FT LAUDERDALE, FL 33306		2715 E OAKLAND PARK BLVD STE 201 FT LAUDERDALE, FL 33306			5	00317	97	
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232005 Chg-NP CR2E037 (10/03)				
City & State		City & State		4. FEI Number	00939	<del></del>	oplied For of Applicable	
Zip	Country	Zip	Country		5. Certificate of S		\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7Name and Add	ress of New Registered	Agent	<u></u>
044 L EDIA	· · · · · · · · · · · · · · · · · · ·	-	Na	me				
	A ASSET MANAGEMENT COR AKLAND PARK BLVD STE 201	Ρ.	Street Addres		s (P.O. Box Number is Not Acceptable)			
	RDALE, FL 33306		<u> </u>		···-	<del></del>		
			Cit	у		FL	Zip Cod	e
R The shove	named entity submits this statement fo	r the purpose of changing its	registered off	ce or register	red agent or both in			trance here
	tions of registered agent.	t (18 brithosa oi cuandina ira	Indiate on our	ice or redisce	ried agent, or both, in	THE State of Frontia. Tam	Tanınaı wı,	and accept
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SIGNATURE .								
:	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent	signature required	d when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to	
10.	OFFICERS AND DIF		11.		ADDITIONS/CHANG	ES TO OFFICERS AND D	RECTORS IN	10
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r neredy certify that the information supplied with this filing does not quality 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 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 effect in the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

957-568-9885