


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90098 016 \*\*\*\*61.25

**DOCUMENT # N06000006453**

1. Entity Name  
 BAYVIEW TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3100 NW 72ND AVENUE SUITE 113 MIAMI, FL 33122	Mailing Address 3100 NW 72ND AVENUE SUITE 113 MIAMI, FL 33122
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**DO NOT WRITE IN THIS SPACE**

90010000



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8404544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

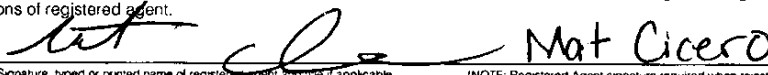
6. Name and Address of Current Registered Agent

MARS, GARY M  
 HYMAN, SPECTOR & MARS, LLP  
 150 WEST FLAGLER STREET  
 MIAMI, FL 33130

Cicero, Mathew J  
 3100 NW 72nd Ave #113  
 Miami, FL 33122

**DO NOT WRITE IN THIS SPACE**

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  **Mat Cicero** DATE **4/16/08**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

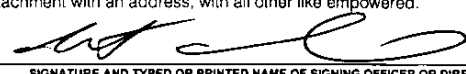
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICERO, MATHEW J 3100 NW 72ND AVENUE #113 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, PAUL H 3100 NW 72ND AVENUE #113 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CICERO, LISA B 3100 NW 72ND AVENUE #113 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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:  **Mat Cicero** DATE **4/16/08** 305-637-3699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*MAT Cicero*