# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2009**
**Secretary of State**

DOCUMENT# N13397

**Entity Name:** BAYSIDE RESIDENTS ASSOCIATION NON-PROFIT, INC.

**Current Principal Place of Business:**

685 NE 64 STREET
MIAMI, FL 331386239

**New Principal Place of Business:**

**Current Mailing Address:**

685 NE 64 STREET
MIAMI, FL 331386239

**New Mailing Address:**

**FEI Number: 59-2364791** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOURDEAU, LOUIS
685 NE 64 STREET
MIAMI, FL 331386239 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BOURDEAU, LOUIS
Address: 685 NE 64 STREET
City-St-Zip: MIAMI, FL 331386239

Title: VPD ( ) Delete
Name: LEE, LINDA
Address: 670 NE 71 STREET
City-St-Zip: MIAMI, FL 33138

Title: SD ( ) Delete
Name: TARPIN, LORETTA
Address: 657 NE 67 STREET
City-St-Zip: MIAMI, FL 33138

Title: TD ( ) Delete
Name: GIROUX, BETTY
Address: 645 1/2 NE 62 STREET
City-St-Zip: MIAMI, FL 33138

**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: TD (X) Change ( ) Addition
Name: GIROUX, BETTY
Address: 7430 NE 6 COURT
City-St-Zip: MIAMI, FL 33138

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: LOUIS BOURDEAU PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date