

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 008 ****61.25

DOCUMENT # N16275

1. Entity Name

BAYVIEW TERRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**31 BAYVIEW RD
TEQUESTA FL 33469**

Mailing Address

**31 BAYVIEW RD
TEQUESTA FL 33469**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0037425

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

DICKER, EDWARD

-CLEARLAKE PLAZA

1818 500 AUSTRALIAN AVE. SOUTH, SUITE 600 400
WEST PALM BEACH FL 33401 33409

Name

Same

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

1818 Australian Ave. South, Suite 400

City

Same

FL

Zip Code

33409

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 \$61.25

Due By May 1, 2006

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

TITLE VP ☐ Delete
NAME GIBSON, LISE
STREET ADDRESS 5 BAYVIEW CT
CITY-ST-ZIP TEQUESTA FL 33469

TITLE PD ☐ Delete
NAME NEANDROSS, ROBIN
STREET ADDRESS 19 BAYVIEW ROAD
CITY-ST-ZIP TEQUESTA FL 33469

TITLE TD ☐ Delete
NAME BOOK, LORI
STREET ADDRESS 31 BAYVIEW RD
CITY-ST-ZIP TEQUESTA FL 33469

TITLE S ☐ Delete
NAME VEAU, RENATTA
STREET ADDRESS 27 BAYVIEW RD.
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Lori S. Book **Lori S. Book** *Treasurer*

4-18-06

561-747-7079