

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N16275

1. Entity Name

BAYVIEW TERRACE HOMEOWNERS ASSOCIATION, INC.



FILED
Apr 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

31 BAYVIEW RD
TEQUESTA FL 33469

Mailing Address

31 BAYVIEW RD
TEQUESTA FL 33469



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

65-0037425

Applied For

Not Applicable

Zip

Country

Zip

Country

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
1818 AUSTRALIAN AVE SOUTH
SUITE 400
WEST PALM BEACH FL 33409

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 \$61.25
Due By May 1, 2007**

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
NAME: GIBSON, LISE
STREET ADDRESS: 5 BAYVIEW CT
CITY-STATE-ZIP: TEQUESTA FL 33469 ☐ Delete

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

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

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME: U00000687259
STREET ADDRESS: 04/10/07-80033-007 61.25
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-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

3/14/07 561-747-7079