

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17233

FILED
Jan 09, 2009
Secretary of State

Entity Name: BAYFRONT PARK MANAGEMENT TRUST CORPORATION

Current Principal Place of Business:

301 N. BISCAYNE BLVD
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

301 N. BISCAYNE BLVD
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 59-2813562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMAND, TIMOTHY
301 N. BISCAYNE BLVD
MIAMI, FL 33132 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: D () Delete
Name: SANCHEZ, JOE C
Address: 3500 PAN AMERICAN DR.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: BARKET, MICHAEL
Address: 19 WEST FLAGLER ST, SUITE 504
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: SCHMAND, TIMOTHY
Address: 301 N BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: CARPENTER, ELENA V
Address: 2980 MCFARLANE RD, STE. 204
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SARNOFF, MARC
Address: 3500 PAN AMERICAN DR.
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY F. SCHMAND

ED

01/09/2009

Electronic Signature of Signing Officer or Director

Date