## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Jun 15, 2007 8:00 am Secretary of State

06-15-2007 90022 006 \*\*\*\*61.25

## DOCUMENT # N20707

1. Entity Name



ASSOCI	BAYVIEW VILLAS CONDO ATION, INC.	MINIUM			.0498	เหมอ			
508 N INDW	ce of Business ANA AVE D, FL 34223	Mailing Address 508 N INDIANA AVE ENGLEWOOD, FL 3422	23		40120	,00			
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address			<b>88</b> 114   <b>88</b> 11   8811   1881			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06122007 C	hg-NP	CR2E03	7 (12/06)	
City & Sta	ite	City & State			4. FEI Number 59-280619	20			pplied For
Zip	Country	Zip	Country		5. Certificate of S	<del></del>		\$8.75 Ad	
	6. Name and Address of Current	t Registered Agent		l	7. Name and Ado			Fee Require	ed
			Name		<u> </u>				
227 NOK	ROBERT L. OMIS AVENUE SOUTH		Street Addres		P.O. Box Number is	Not Acceptable	·)		
VENICE, I	FL 33595		<u></u>		*				
			City				FI	Zip Coo	de
8. The above	a named entity submits this statement for	or the purpose of changing its	registered office	or registere	ed agent, or both, in	the State of Flo		amitiar with	, and accept
	itions of registered agent.								
SIGNATURE	-						•		
SIGNATORIE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent sign	ature required v	when reinstating)		DATE		
	Filing Fee is \$61.25  Due by September 14, 2007  9. Election Campa Trust Fund Cont								
D					\$5.00 May Be Added to Fees	1	ake check da Depart		
10.	ue by September 14, 2007 OFFICERS AND DI	Trust Fund C	Contribution.	LJ ,		Flori	da Depart	ment of S	tate
	ue by September 14, 2007	Trust Fund C	Contribution.	LJ ,	Added to Fees	Flori	da Depart	ment of S	tate
10.  TITLE NAME STREET ADDRESS	OFFICERS AND DI TSOLINAS, PETER 59 W SEEGERS RD	Trust Fund C	11. TITLE NAME STREET ADDRESS	LJ ,	Added to Fees	Flori	da Depart	ment of S	tate
10. TITLE NAME	OFFICERS AND DI	Trust Fund C	11.  TITLE NAME	LJ ,	Added to Fees	Flori	da Depart	ment of S	tate
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TSOLINAS, PETER 59 W SEEGERS RD ARLINGTON HEIGHTS, IL 6000 PD BARTNICK, WALTER	Trust Fund C	11.  1ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD	Added to Fees DDITIONS/CHANG	Flori	da Departi	ECTORS IN Change	tate N 10 Addition
10.  IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	TSOLINAS, PETER 59 W SEEGERS RD ARLINGTON HEIGHTS, IL 6000	Trust Fund C	11.  11TLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	VD TD Rob	Added to Fees DDITIONS/CHANG	Flori	da Departi	ECTORS IN Change	tate N 10 Addition
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12. Thereby certify that the information supplied with this filling 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: \_

Robert W. Mackey Tream
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treamer

941 475-6050

Daytime Phone #