
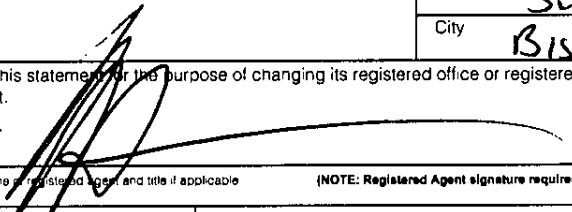
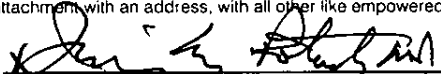


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N26952 1. Entity Name BAYSIDE VILLAGE EAST CONDOMINIUM ASSOCIATION, INC.																																																																																																																																															
Principal Place of Business 13 FISHER ISLAND DR FISHER ISLAND, FL 33109 US		Mailing Address 13 FISHER ISLAND DR FISHER ISLAND, FL 33109 US																																																																																																																																													
2. Principal Place of Business - No P.O. Box # 6 Fisher Island Dr. Suite, Apt. #, etc.		3. Mailing Address 6 Fisher Island Dr. Suite, Apt. #, etc.																																																																																																																																													
City & State Fisher Island, FL Zip 33109 Country		City & State Fisher Island, FL Zip 33109 Country																																																																																																																																													
4. FEI Number 65-0058288		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																													
6. Name and Address of Current Registered Agent HYMAN SPECTOR & MORS, LLP 150 WEST FLAGLER ST SUITE 2701 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Guy Spiegelman, Esquire Street Address (P.O. Box Number is not Acceptable) 19 West Flagler Street Suite 912 City Biscayne Blvd, FL Zip Code 33130																																																																																																																																													
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  2/24/09 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																															
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																																													
Make check payable to Florida Department of State																																																																																																																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">P</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PAULA, JOSE V</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1495 NORTH PARK DR</td> <td></td> <td></td> </tr> <tr> <td></td> <td>WESTON, FL 33326</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">VP</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>REICH, NORBERT DR</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1495 NORTH PARK DR</td> <td></td> <td></td> </tr> <tr> <td></td> <td>WESTON, FL 33326</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">T</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>POTASH, IRWIN DR</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1495 NORTH PARK DR</td> <td></td> <td></td> </tr> <tr> <td></td> <td>WESTON, FL 33326</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;"></td> <td style="width:10%;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;"></td> <td style="width:10%;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	P	Delete	STREET ADDRESS	PAULA, JOSE V			CITY-ST-ZIP	1495 NORTH PARK DR				WESTON, FL 33326			TITLE	NAME	VP	Delete	STREET ADDRESS	REICH, NORBERT DR			CITY-ST-ZIP	1495 NORTH PARK DR				WESTON, FL 33326			TITLE	NAME	T	Delete	STREET ADDRESS	POTASH, IRWIN DR			CITY-ST-ZIP	1495 NORTH PARK DR				WESTON, FL 33326			TITLE	NAME		Delete	STREET ADDRESS				CITY-ST-ZIP								TITLE	NAME		Delete	STREET ADDRESS				CITY-ST-ZIP								11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">P</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>POTASH, IRWIN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2033 Fisher Island Drive</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Fisher Island, FL 33109</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">T</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Melnick, Luvie</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2114 Fisher Island Drive</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Fisher Island, FL 33109</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">S</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>TATUM, KAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2042 Fisher Island Drive</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Fisher Island, FL 33109</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	P	Change	Addition	STREET ADDRESS	POTASH, IRWIN				CITY-ST-ZIP	2033 Fisher Island Drive					Fisher Island, FL 33109				TITLE	NAME	T	Change	Addition	STREET ADDRESS	Melnick, Luvie				CITY-ST-ZIP	2114 Fisher Island Drive					Fisher Island, FL 33109				TITLE	NAME	S	Change	Addition	STREET ADDRESS	TATUM, KAY				CITY-ST-ZIP	2042 Fisher Island Drive					Fisher Island, FL 33109			
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12. I hereby certify that the information supplied with this filing 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:  2/24/09 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																															

FILED

09 FEB 26 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09
02/17/09 REINSTATEMENT 08-09 (1/07)