


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

FILED

07 MAY 23 PM 1:05

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
66015609

<b>DOCUMENT # N47968</b>			
1. Entity Name <b>BAYPORT VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD ST FORT LAUDERDALE, FL 33325 US		Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MARTIN, ROBERT C ESQ. MARTIN &amp; BENNIS, P.A. 319 SOUTHEAST 14 ST. FORT LAUDERDALE, FL 33316</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELLER, SIDNEY <input type="checkbox"/> Delete 4300 NW 30TH ST 442 COCONUT CREEK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, IRENE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4400 NW 30TH STREET #122 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete GENTRY, STANLEY 4300 NW 30TH ST #446 COCONUT CREEK, FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, EILEEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4400 NW 30TH STREET #421 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete KURTZ, STANLEY 4250 NW 30TH STREET, # 156 COCONUT CREEK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Stanley Kurtz</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete ROSETTE, MARK 4250 NW 30TH ST. #253 COCONUT CREEK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WOLFF, IRA 4250 NW 30TH ST. #352 COCONUT CREEK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MEYERS, ZELDA 4450 NW 30 ST. COCONUT CREEK, FL 33068	TITLE 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 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: <i>Stanley Kurtz</i> Pres		05-1-07 9569709523	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	