

Bayport Village Condominium Association, Inc.


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90161 001 *5,818.75
N47968

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47968 1. Entity Name BAYPORT VILLAGE CONDOMINIUM ASSOCIATION, INC.	
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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
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66007054



2. Principal Place of Business - No P.O. Box # (CORRECT ADDRESS ONLY) Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02122008 Chg-NP CR2E037 (12/06)

City & State PLANTATION, FL	City & State		
Zip 33325	Country	Zip	Country

4. FEI Number 65-0313283	Applied For Not Applicable
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6. Name and Address of Current Registered Agent MARTIN, ROBERT C ESQ. MARTIN & BENNIS, P.A. 319 SOUTHEAST 14 ST. FORT LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD HELLER, SIDNEY <input type="checkbox"/> Delete 4300 NW 30TH ST 442 COCONUT CREEK, FL	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition INCORRECT ZIP CODE 33066
NAME	D <input type="checkbox"/> Delete JACOBS, IRENE 4400 NW 30TH ST #122 COCONUT CREEK, FL 33066	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Handwritten signature</i>
STREET ADDRESS	PD <input type="checkbox"/> Delete KURTZ, STANLEY 4250 NW 30TH STREET, # 156 COCONUT CREEK, FL	STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition INCORRECT ZIP CODE 33066
CITY-ST-ZIP	TD <input type="checkbox"/> Delete ROSETTE, MARK 4250 NW 30TH ST. #253 COCONUT CREEK, FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition INCORRECT ZIP CODE 33066
CITY-ST-ZIP	SD <input type="checkbox"/> Delete WOLFF, IRA 4250 NW 30TH ST. #352 COCONUT CREEK, FL	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition INCORRECT ZIP CODE 33066
CITY-ST-ZIP	D <input type="checkbox"/> Delete MEYERS, ZELDA 4450 NW 30 ST. COCONUT CREEK, FL 33066	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stanley Kurtz (Pres)* 3-27-08 954-970-9523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #