

Bayview at the Township Condominium Association, Inc.

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



DOCUMENT # N93000002520

1. Entity Name  
BAYVIEW AT THE TOWNSHIP CONDOMINIUM  
ASSOCIATION, INC.

Principal Place of Business  
4131 CORAL TREE CIR.  
COCONUT CREEK, FL 33073 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

MARTIN, ROBERT C ESQ.  
MARTIN & BENNIS, P.A.  
319 SE 14TH ST.  
FORT LAUDERDALE, FL 33316

Name MC CLOSKY, D'ANNA & DIETERLE, LLP  
*c/o Ronald D'Anna, Esq.*

Street Address (P.O. Box Number is Not Acceptable)  
2500 GLADES ROAD

EAST TOWER SUITE 400

City BOCA RATON Zip Code 33431

FL

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

*Ron D'Anna* Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
*5/31/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 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	TD RENNELLA, RAFFAELA 4101 CORAL TREE CR # 111 COCONUT CREEK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTNEY, CHARLIE 4161 CORAL TREE CR # 167 COCONUT CREEK, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCHBERG, ARTHUR 4141 CORAL TREE CIRCLE #246 COCONUT CREEK, FL 33066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUIMET, ROLAND 4161 CORAL TREE CR #261 COCONUT CREEK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENHOUSE, ARNOLD 4101 CORAL TREE CIRCLE #115 COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLICKMAN, GERALDINE 4111 CORAL TREE CIRCLE #124 COCONUT CREEK, FL 33066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Arthur Hochberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Arthur Hochberg*

5-3-07 954-977-9026

Date

Daytime Phone #