


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90003 035 \*\*\*\*61.25

<b>DOCUMENT # N93000002520</b> 1. Entity Name <b>BAYVIEW AT THE TOWNSHIP CONDOMINIUM ASSOCIATION, INC.</b>					
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		4. FEI Number <b>65-0394324</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARTIN, ROBERT C ESQ.</b> <b>MARTIN &amp; BENNIS, P.A.</b> <b>319 SE 14TH ST.</b> <b>FORT LAUDERDALE, FL 33316</b>				Name <b>MC CLOSKEY, D'ANNA &amp; DIETERLE, LLP</b> <i>C/O Ronald D'Anna, Esq.</i> Street Address (P.O. Box Number is Not Acceptable) <b>2300 GLADES ROAD</b> <b>EAST TOWER SUITE 400</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>	
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 <i>Robert C Martin</i> DATE <i>5/31/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RENNELLA, RAFFAELA</b> <b>4101 CORAL TREE CR # 111</b> <b>COCONUT CREEK, FL</b> <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	<b>PD</b> <b>MCCARTNEY, CHARLIE</b> <b>4161 CORAL TREE CR # 167</b> <b>COCONUT CREEK, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOCHBERG, ARTHUR</b> <b>4141 CORAL TREE CIRCLE #246</b> <b>COCONUT CREEK, FL 33066</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>QUIMET, ROLAND</b> <b>4161 CORAL TREE CR #261</b> <b>COCONUT CREEK, FL</b> <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	<b>PD</b> <b>GREENHOUSE, ARNOLD</b> <b>4101 CORAL TREE CIRCLE #115</b> <b>COCONUT CREEK, FL 33073</b> <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	<b>SD</b> <b>GLICKMAN, GERALDINE</b> <b>4111 CORAL TREE CIRCLE #124</b> <b>COCONUT CREEK, FL 33066</b> <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.					
<b>SIGNATURE:</b> <i>Arthur Hochberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>5-3-07</i> Daytime Phone # <i>954-977-9026</i>		

Arthur Hochberg