

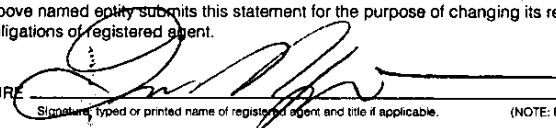
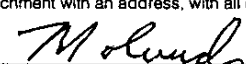


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 015 ****61.25

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|--|---|--|---|--|--|
| DOCUMENT # N94000000786 1. Entity Name BAYVIEW AT INDIAN RIVER PLANTATION CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2115 SE OCEAN BLVD STUART, FL 34996 US | | Mailing Address 2115 SE OCEAN BLVD STUART, FL 34996 US | | | |
| 2. Principal Place of Business <i>2177 SE OCEAN</i> | | 3. Mailing Address <i>2177 SE OCEAN</i> | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02222006 Chg-NP CR2E037 (11/05) | |
| City & State | | City & State | | 4. FEI Number 23-2292398 | |
| Zip | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAZMIER, TIMOTHY 2115 SE OCEAN BLVD STUART, FL 34996 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2177 SE OCEAN</i> City FL 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  (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAHONEY, LEO 2115 SE OCEAN BLVD STUART, FL 34996 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT WALT LAWHEAD 2115 SE OCEAN BLVD STUART FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP SHEA, JOHN 2115 SE OCEAN BLVD STUART, FL 34996 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHN DISANARO 2177 SE OCEAN STUART FLORIDA 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRONCE, JOHN 2115 SE OCEAN BLVD STUART, FL 34996 <input checked="" 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 | SD FRANK, PETER 2115 SE OCEAN BLVD STUART, FL 34996 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>2177 SE OCEAN</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT DANGELICO, DAN 2115 SE OCEAN BLVD STUART, FL 34996 <input checked="" 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 | <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:  <i>WALT LAWHEAD</i> 4/28/06 <i>220 0005</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # | | | | | |