


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N94000003324</b>	
1. Entity Name <b>SOUTH BEACH BAYSIDE CONDOMINIUM ASSOCIATION I, INC.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 18 AM 8:38

Principal Place of Business <b>PROPERTY MANAGEMENT SERVICES 8299 CORAL WAY MIAMI, FL 33155</b>	Mailing Address <b>PROPERTY MANAGEMENT SERVICES 8299 CORAL WAY MIAMI, FL 33155</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07272005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0596179**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>PROPERTY MANAGEMENT SERVICES 8299 CORAL WAY MIAMI, FL 33155</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 \_\_\_\_\_

<b>Amended AR is \$61.25</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <del>TD</del> <b>STD</b>	<input type="checkbox"/> Delete	TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DONALDSON, MILISA</b>		NAME <b>DONALDSON, MELISSA</b>	
STREET ADDRESS <b>3101 INDIAN CREEK DR 307</b>		STREET ADDRESS <b>3101 INDIAN CREEK DR #203</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>		CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>	
TITLE <b>PSD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DURKEE, HARMONY F</b>		NAME <b>ASHIEL OJEDA</b>	
STREET ADDRESS <b>3101 INDIAN CREEK DR. #307</b>		STREET ADDRESS <b>3101 INDIAN CREEK DR #203</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>		CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PUCKETT, GEORGE</b>		NAME	
STREET ADDRESS <b>3101 INDIAN CREEK DR #207</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **ASHIEL OJEDA, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR