
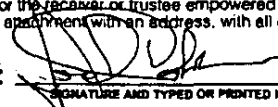


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

02-08-2006 90010 025 ****61.25

DOCUMENT # N94000003324 1. Entity Name SOUTH BEACH BAYSIDE CONDOMINIUM ASSOCIATION I, INC.					
Principal Place of Business PROPERTY MANAGEMENT SERVICES 8299 CORAL WAY MIAMI, FL 33155			Mailing Address PROPERTY MANAGEMENT SERVICES 8299 CORAL WAY MIAMI, FL 33155		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0596179	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROPERTY MANAGEMENT SERVICES 8299 CORAL WAY MIAMI, FL 33155			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$81.25 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	STD	<input checked="" type="checkbox"/> Delete	TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, MELISA		NAME	JOEL W. COHEN	
STREET ADDRESS	3101 INDIAN CREEK DRIVE, #203		STREET ADDRESS	3101 INDIAN CREEK DR. 104	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QJEDA, ASHIEL		NAME	DONA ZEMO	
STREET ADDRESS	3101 INDIAN CREEK DRIVE, #203		STREET ADDRESS	3101 INDIAN CREEK DR. 104	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGKETT, GEORGE		NAME	JACOB BRILLHART	
STREET ADDRESS	3101 INDIAN CREEK DR #207		STREET ADDRESS	3101 INDIAN CREEK DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH FL 33140	
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 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 appointment with an address, with all other like empowered.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date: 3/09/06 Daytime Phone #: 305-264-4250</small>					



ATTACHMENT

66005254

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

SOUTH BEACH BAYSIDE CONDOMINIUM ASSOCIATION I, INC.
PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI, FL 33155

Subject: **SOUTH BEACH BAYSIDE CONDOMINIUM ASSOCIATION I, INC.**

Reference Number: **N94000003324**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE
ANNUAL REPORTS SECTION

FEB 22 2006