2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N94000003324

Entity Name: SOUTH BEACH BAYSIDE CONDOMINIUM ASSOCIATION I, INC.

Current Principal Place of Business:

PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0596179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: COHEN, JOEL W
Address: 3101 INDIAN CREEK DR #104
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete
Name: ZEMO, DONA
Address: 3101 INDIAN CREEK DR #104
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete
Name: SHUNCHI, WONG
Address: 3101 INDIAN CREEK DR. #303
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: ARISSO, MARIA
Address: 3101 INDIAN CREEK DR.
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL COHEN PD 04/01/2009

Electronic Signature of Signing Officer or Director — Date