

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT-

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000475 1. Entity Name ST. GAUDENS/BAYVIEW HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3608 ST. GAUDENS ROAD MIAMI, FL 33133 US	Mailing Address 3608 ST. GAUDENS ROAD MIAMI, FL 33133 US
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DO NOT WRITE IN THIS SPACE



01032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0651095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHURMAN, CAROLYN 3608 ST. GAUDENS ROAD MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHURMAN, CAROLYN 3608 ST. GAUDENS ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HAMILTON, KATHY 3608 ST. GAUDENS ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TSCHUMY, TED 3610 BAYVIEW ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Carolyn Shurman 1/4/04 3054466753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #