2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-10-2006 90002 045 ****70.00 DOCUMENT # N99000000114 BAYVIEW FOUNDATION, INC. Principal Place of Business Mailing Address 4425 PONCE DE LEON BLVD 4425 PONCE DE LEON BLVD 4TH FLOOR 4TH FLOOR CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 Chg-NP CR2E037 (11/05) City & State Appliea For City & State 4. FEI Number 65-0890514 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namè BOMSTEIN, BRIAN ESQ. 4425 PONCE DE LEON BLVD Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR CORAL GABLES, FL 33146 Zio 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VP/AT ☐ Change 🕌 Addition TITLE ☐ Delete TITLE HAMILTON, SONYA Fischer, John H NAME NAME 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 STREET ADDRESS 4425 PONCE DE LEON BLVD 4TH FLR STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP Delete TITLE The Change TITLE ERTEL, DAVID Ertel, David 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 4425 PONCE DE LEON BLVD 4TH FLR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-7F X Addition Delete Lominac, Eve ERTEL, BETH NAME NAME 4425 Ponce de Leon Blvd., 4th Flr Coral Gables FL 33146 STREET ADDRESS C/O 4425 PONCE DE LEON BLVD 4TH FLR STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP X Addition Channe TITLE ☐ Delete TITLE BOMSTEIN, BRIAN E NAME Williams, Marvin NAME 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 4425 PONCE DE LEON BLVD 4TH FLR STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33146 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE WEGNER, ROBERT A NAME NAME STREET ADDRESS 4425 PONCE DE LEON BLVD 4TH FLR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE **VPAS** Delete THE Change Addition CARR, THOMAS F NAME NAME 4425 PONCE DE LEON BLVD 4TH FLR STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33146 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 charged, or on an attachment with an applicable, with all other like empowered.

3/6/06

305-854-8880

Daytime Phone #

FILED Mar 10, 2006 8:00 am

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: