2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000114

Entity Name: BAYVIEW FOUNDATION, INC.

FILED Jan 14, 2009 Secretary of State

		.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4TH FLOOI	CE DE LEON B R BLES, FL 331					
			New Meilie	an Address.		
Current Mailing Address:			New Mailir	ng Address:		
4TH FLOOI	CE DE LEON B R BLES, FL 331					
FEI Number:	65-0890514	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:		
4425 PONC 4TH FLOOR	, BRIAN ESQ. CE DE LEON B R BLES, FL 331					
The above in the State		ubmits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,		
SIGNATUR	E:					
	Electronic	Signature of Registered Agen	t	Date		
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HAMILTON, SON	LEON BLVD 4TH FLR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ERTEL, DAVID	Delete LEON BLVD 4TH FLR , FL 33146	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ERTEL, BETH	Delete E DE LEON BLVD 4TH FLR , FL 33146	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BOMSTEIN, BRIA	LEON BLVD 4TH FLR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WEGNER, ROBE	LEON BLVD 4TH FLR	Title: Name: Address: City-St-Zip:	VPT (X) Change () Addition FISCHER, JOHN H 4425 PONCE DE LEON BLVD 4TH FLR CORAL GABLES, FL 33146		
Title: Name: Address: City-St-Zip:	CARR, THOMAS	LEON BLVD 4TH FLR	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition QUINT, DAVID 4425 PONCE DE LEON BLVD 4TH FLR CORAL GABLES, FL 33146		

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: DAVID QUINT D 01/14/2009

Bayview Foundation, Inc. N99000000114

NAME: DOCUMENT NO.

TITLE	VP		⊠ Add	ition	
NAME	Williams, Marvin				
STREET ADDRESS	4425 Ponce de Leon Blvd., 4th Floor	· · · · · · · · · · · · · · · · · · ·	- '		-
CITY-ST-ZIP	Coral Gables, FL 33146				7.

TITLE	VP	` 🔀 Addition
NAME	Lominac, Eve	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146_	

TITLE	VPAS	
NAME	Carr, Thomas	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4th Floor	
CITY-ST-ZIP	Coral Gables, Florida 33146	· · · · · · · · · · · · · · · · · · ·

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