

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000012

**Entity Name:** THE BAYLIS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 21, 2015**  
**Secretary of State**  
**CC7940969514**

**Current Principal Place of Business:**

501 12TH STREET  
1 - 15  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

507 12TH STREET  
15  
MIAMI BEACH, FL 33139 US

**FEI Number: 65-0851401**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NEUSTEDTER, RICHARD  
5 ISLAND AVE  
5J  
MIAMI BEACH, FL 33139 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           THOMPSON, ANDREA  
Address        503 12TH STREET, #3  
City-State-Zip: MIAMI BEACH FL 33139

Title           PRESIDENT  
Name           DEQUINE, SCOTT  
Address        507 12TH STREET  
                  14  
City-State-Zip: MIAMI BEACH FL 33139

Title           TREASURER  
Name           OUDIN, NICOLAS  
Address        501 12TH STREET  
                  1  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR  
Name           WEISS, STEPHEN  
Address        503 12TH STREET  
                  6  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby 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 all other like empowered.*

**SIGNATURE: ANDREA THOMPSON**

**DIRECTOR**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date