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FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713388 (7)  
1. Corporation Name  
COLONY BAY HARBOR CONDOMINIUM, INC.



Principal Place of Business Mailing Address  
9250 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS 33154 9250 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS 33154-3606

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/28/1967	04/24/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1202745	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

ROBERT, DILWORTH S.  
9250 W BAY HARBOR DR  
BAY HARBOR ISLAND FL 33154

81 Name LEO GOLDNER  
82 Street Address (P.O. Box Number is Not Acceptable) 9250 W. BAY HARBOR DR.  
83  
84 City BAY HARBOR ISLANDS FL 85 Zip Code 33154

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIO, FRANK	1.2 NAME
STREET ADDRESS	123 HARNED RD	1.3 STREET ADDRESS
CITY-ST-ZIP	COMMACK NY	1.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILWORTH, S, ROBERT	2.2 NAME
STREET ADDRESS	9250 W BAY HARBOR DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR ISLAND FL	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROPER, JACK	3.2 NAME
STREET ADDRESS	9250 W BAY HARBOR DRIVE	3.3 STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR ISLAND FL	3.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDNER, LEO	4.2 NAME
STREET ADDRESS	9250 W BAY HARBOR DR	4.3 STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	4.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIDER, JAMES	5.2 NAME
STREET ADDRESS	24555 LETCHWORTH RD	5.3 STREET ADDRESS
CITY-ST-ZIP	BEACHWOOD OH	5.4 CITY-ST-ZIP
TITLE	<del>VD</del> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GRUB, JAME</del>	6.2 NAME
STREET ADDRESS	<del>9250 W BAY HARBOR DR</del>	6.3 STREET ADDRESS
CITY-ST-ZIP	<del>BAY HARBOR ISLAND FL</del>	6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)