


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 735669</b> 1. Entity Name <b>BAY ISLES HARBOR ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2262 GULF GATE DRIVE SARASOTA, FL 34231</b>	Mailing Address <b>2262 GULF GATE DRIVE SARASOTA, FL 34231</b>
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**DO NOT WRITE IN THIS SPACE**

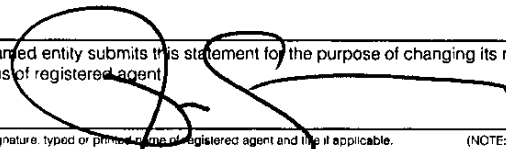


01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1685117</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>JURGENS, RON 1560 HARBOR SOUND DR. LONGBOAT KEY, FL 34228</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  DATE: \_\_\_\_\_

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JURGENS, RON 1560 HARBOR SOUND DR. LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAIERLEIN, RICHARD 501 HARBOR GATE WAY LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOVACIC, CHARLES 510 HARBOR COVE CIR LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON, MARTIN 550 HARBOR POINT RD LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOTARI, TERRY 1600 HARBOR CAY LANE LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000687424  
04/10/07-80037-017 61.25

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3-20-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #