FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:05

DOCUMENT # **740475** (9)

1. Corporation Name

BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3366 N KEY DR NORTH FT MYERS FL 33903	3366 N KEY DR NORTH FT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1977
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1639672 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25):

2a. Mailing Address (26): PO Box 60132
Suite, Apt. #, etc. (27):
City & State (28): Ft Myers Fl
Zip (29): 33906 Country (30): E

9. Name and Address of Current Registered Agent

~~TRIPP, THEODORE~~
~~2532 E FIRST ST~~
~~FORT MYERS FL 33901~~

10. Name and Address of New Registered Agent

81 Name: Frank J Rua
82 Street Address (P.O. Box Number is Not Acceptable): 8292 College PKwy #52
83:
84 City: Ft Myers FL 85 Zip Code: 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Frank J Rua, Agent — 1-31-95
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	C	1.1 TITLE	D/P	☑ Change ☐ Addition
NAME	KOSTUK, THEODORE	1.2 NAME	Kostuk, Theodore	
STREET ADDRESS	3390 N KEY DR #2	1.3 STREET ADDRESS	3390 N. Key Dr. #2	
CITY-ST-ZIP	NORTH FT MYERS FL	1.4 CITY-ST-ZIP	N. Ft Myers, Fl	
TITLE	STD	2.1 TITLE	D/S	☐ Change ☐ Addition
NAME	~~FREELAND, JAMES~~	2.2 NAME	Beach, Cynthis	
STREET ADDRESS	~~3360 N KEY DR~~	2.3 STREET ADDRESS	3358 N. Key Dr #2	
CITY-ST-ZIP	~~NORTH FT MYERS FL~~	2.4 CITY-ST-ZIP	N. Ft Myers, Fl	
TITLE	D	3.1 TITLE	D	☐ Change ☐ Addition
NAME	SMITH, THOMAS	3.2 NAME	Smith, Thomas	
STREET ADDRESS	3384 N KEY DR	3.3 STREET ADDRESS	3384 N Key Dr #7	
CITY-ST-ZIP	NORTH FT MYERS FL	3.4 CITY-ST-ZIP	N Ft Myers, Fl	
TITLE	D	4.1 TITLE	D/T	☑ Change ☐ Addition
NAME	MEDENWALDT, DELORIS	4.2 NAME	Medenwalt, Deloris	
STREET ADDRESS	3394 N KEY DR #8	4.3 STREET ADDRESS	3394 N. Key Dr #8	
CITY-ST-ZIP	N FT MYERS FL	4.4 CITY-ST-ZIP	N. Ft Myers, Fl	
TITLE	D	5.1 TITLE	D/P	☑ Change ☐ Addition
NAME	KOESTER, LYLE	5.2 NAME	Koester Lyle	
STREET ADDRESS	3378 N KEY DR #3	5.3 STREET ADDRESS	3378 N Key Dr #3	
CITY-ST-ZIP	NORTH FY MYERS FL	5.4 CITY-ST-ZIP	North Ft Myers, Fl	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Theodore Kostuk (Pres.) 1/31/95 (813) 2720566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Theodore Kostuk

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