

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740475 (9)
1. Corporation Name
BAY HARBOR CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**P O BOX 60132
FT MYERS FL 33906
US**

3. Date Incorporated or Qualified
10/19/1977

3a. Date of Last Report
02/06/1995

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**

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**RUA, FRANK L
8292 COLLEGE PKWY
#52
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name
RUA, Frank J.

82 Street Address (P.O. Box Number is Not Acceptable)
2133 Treehaven Cir

83 City
FT MYERS

84 State
FL

85 Zip Code
33907

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 **Frank J. Rua**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

1-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KOSTUK, THEODORE	
STREET ADDRESS	3390 N KEY DR #2	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BEACH, CYNTHIA	
STREET ADDRESS	3350 N KEY DR #2	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, THOMAS	
STREET ADDRESS	3384 N KEY DR #7	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	NEDENWALT, DELORIS	
STREET ADDRESS	3394 W KEY DR #8	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KOESTER, LYLE	
STREET ADDRESS	3378 N KEY DR #3	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vincent Innocenti
2.3 STREET ADDRESS	15621 Violet Ct
2.4 CITY-ST-ZIP	Orlando Park, IL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT/S
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 - Theodore Kostuk

1-30-96

272 0566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)