


FILED

Mar 06 1998 8:00am
Secretary of State

<p>NONPROFIT CORPORATION ANNUAL REPORT 1998</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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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	12650 WHITEHALL DR %BENSON'S FT MYERS FL 33907 US

3. Date Incorporated or Qualified
10/19/1977

4. FEI Number 59-1639672	Applied For
	Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21		2b	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	
BENSON, MARK R 12650 WHITEHALL DR FT MYERS FL 33907	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent		
ess (P.O. Box Number Is Not Acceptable)		
FL	85	Zip Code

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FISHER, WILBER 3380 N KEY DR, A1 N FT MYERS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VINCENT, INNOCENTI 15821 VIOLET CT. ORLANDO PARK IL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, THOMAS 3384 N KEY DR #7 NORTH FT MYERS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ADD
1.2 NAME	XXXXXXXXXXXXXXXXXX
1.3 STREET ADDRESS	XXXXXNXXXXXX
1.4 CITY-ST-ZIP	NXXXXXXFLXXXXXX
2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXX
2.2 NAME	Gill, Margaret Ann
2.3 STREET ADDRESS	3380 N Key Dr E-8
2.4 CITY-ST-ZIP	N Ft Myers, FL 33903
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Innocenti, Vincent
3.3 STREET ADDRESS	15621 Violet Ct
3.4 CITY-ST-ZIP	Orland Park, IL 60462
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XX
4.2 NAME	M. M. HALL
4.3 STREET ADDRESS	3364 N KEY DR #E-8
4.4 CITY-ST-ZIP	N FT MYERS, FL 33903
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JAMES BUCKLEY
5.3 STREET ADDRESS	3378 N. Key Dr. #D-1
5.4 CITY-ST-ZIP	N Ft Myers, FL 33903
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 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 (checked), or on an attachment with an address.

SIGNATURE:

13 If changed, or on an attachment with an address.

Right answer 2/11/98

CP2E037 (10/97)