

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90149 037 \*\*\*\*61.25

**DOCUMENT # 740475**

1. Entity Name

**BAY HARBOR CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3366 N KEY DR  
 NORTH FT MYERS FL 33903

PO BOX 100399  
 CAPE CORAL FL 33910  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1639672**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KASE, SUSAN**  
**909 S.E. 47TH TERR., STE. 201**  
**CAPE CORAL FL 33991**

Name

Street Address (P.O. Box Number is Not Acceptable)

**Suite 203**

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
 NAME **COSME, ERNEST**  
 STREET ADDRESS **3364 N KEY DRIVE #E8**  
 CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Maurice Young**  
 STREET ADDRESS **3374 North Key Drive, #E1**  
 CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE **VD** ☐ Delete  
 NAME **ADAMS, THEODORE**  
 STREET ADDRESS **2868 WATER TOWER LANE**  
 CITY-ST-ZIP **DARIEN IL 60561**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Mearl Butler**  
 STREET ADDRESS **3398 North Key Drive, #C1**  
 CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE **D** ☒ Delete  
 NAME **VAUGHN, NANCY**  
 STREET ADDRESS **3386 NORTH KEY DRIVE #A4**  
 CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD** ☐ Delete  
 NAME **WALTER, KATHLEEN**  
 STREET ADDRESS **3354 NORTH KEY DR., #F8**  
 CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **PSD** ☒ Change ☐ Addition  
 NAME **Kathleen Walter**  
 STREET ADDRESS **3354 North Key Drive, #F8**  
 CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE **D** ☒ Delete  
 NAME **DERSA, MATTHEW**  
 STREET ADDRESS **3358 NORTH KEY DR #F2**  
 CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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: Kathleen Walter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 4/29/02 Daytime Phone # 542 4404

CR2E037 (9/01)