

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740475

FILED
Mar 23, 2006
Secretary of State

Entity Name: BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3366 N KEY DR
NORTH FT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

C/O BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-1639672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, MARK R
C/O BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALTER, KATHLEEN
Address: 3354 NORTH KEY DRIVE, #F8
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD () Delete
Name: DEXTER, LINCOLN
Address: 3386 N KEY DR #4
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD () Delete
Name: INNOCENTI, VINCENT
Address: 3386 N KEY DR #8
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: LEET, WILLIAM
Address: 337 N KEY DR #2
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: LEONE, MICHAEL
Address: 3374 N KEY DR #5
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: INNOCENTI, VINCENT
Address: 3386 N KEY DR #8
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD (X) Change () Addition
Name: ZASTROW, LOIS
Address: 3368 N KEY DR #E-2
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Change () Addition
Name: ADAMS, THEODORE
Address: 3384 N KEY DR #A-7
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN WALTER

PRES

03/23/2006

Electronic Signature of Signing Officer or Director

Date