

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91886 013 *****61.25

DOCUMENT # 740475

1. Entity Name
BAY HARBOR CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**PO BOX 100399
CAPE CORAL FL 33910
US**

2. Principal Place of Business

Suite, Apt. #, etc.
**3366 North Key Drive
N. FT. MYERS FL**

Zip
33903

Country
US

3. Mailing Address

Suite, Apt. #, etc.
**C/O American Condo Mgmt
P.O. BOX 100399
CAPE CORAL FL**

Zip
33910

Country
US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1639672**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KASE, SUSAN
909 S.E. 47TH TERR., STE. 203
CAPE CORAL FL 33991**

7. Name and Address of New Registered Agent

Name **SUSAN M KASE**
Street Address (P.O. Box Number is Not Acceptable)
**C/O American Condo Mgmt
909 SE 47th Terrace Suite 105
Cape Coral FL 33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan Kase*
Signature, typed or printed name of registered agent and title if applicable.

SUSAN KASE
(NOTE: Registered Agent signature required when reinstating)

4/30/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **YOUNG, MAURICE**
STREET ADDRESS **3374 N KEY DR #E1**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

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

TITLE **D** ☒ Delete
NAME **BUTLER, MEARL**
STREET ADDRESS **3398 N KEY DR #C1**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Kathy Walter**
STREET ADDRESS **3354 North Key Drive F8**
CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE **VD** ☒ Change ☐ Addition
NAME **MEARL Butler**
STREET ADDRESS **3398 North Key Drive B8**
CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE **STD** ☒ Change ☐ Addition
NAME **DAWN Myers**
STREET ADDRESS **3358 North Key Drive F6**
CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE **D** ☒ Change ☐ Addition
NAME **EARL ZASTROW**
STREET ADDRESS **3368 North Key Drive E2**
CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE ☒ Change ☐ Addition
NAME **Ted Adams**
STREET ADDRESS **2868 Water Tower Drive**
CITY-ST-ZIP **Darien IL 60561**

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* **KATHLEEN Walter** *4/30/03* **4/30/03** *239-542-4404*

CR2E037 (10/02)