

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16915

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** BAY HARBOR APARTMENTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9110 W BAY HARBOR DR  
BAY HARBOR ISLAND, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190901  
MIAMI BEACH, FL 33119 US

**New Mailing Address:**

**FEI Number:** 65-0306773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIRVEN, MARY  
C/O LE SOLEIL MANAGEMENT, LLC  
66 WEST FLAGLER STREET 1002  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

ARANGO, ESTHER  
C/O LE SOLEIL MANAGEMENT, LLC  
66 WEST FLAGLER STREET 1002  
MIAMI, FL 33130 US

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: ESTHER ARANGO

02/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: SIRVEN, MARY I  
Address: P.O. BOX 190901  
City-St-Zip: MIAMI BEACH, FL 33119 US

Title: SD ( ) Delete  
Name: DEL TORRO, GREDEL  
Address: P.O. BOX 190901  
City-St-Zip: MIAMI BEACH, FL 33119 US

Title: TD (X) Delete  
Name: HIFFERTY, SUSAN  
Address: P.O. BOX 190901  
City-St-Zip: MIAMI BEACH, FL 33119 US

Title: PD (X) Delete  
Name: ARAMGO, ESTHER  
Address: P.O. BOX 190901  
City-St-Zip: MIAMI BEACH, FL 33119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ARANGO, ESTHER I  
Address: P.O. BOX 190901  
City-St-Zip: MIAMI BEACH, FL 33119 US

Title: S (X) Change ( ) Addition  
Name: SIRVEN, MARY  
Address: P.O. BOX 190901  
City-St-Zip: MIAMI BEACH, FL 33119 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ESTHER ARANGO

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date