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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004071 (7)**  
1. Corporation Name  
**BAY HARBOR ESTATES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business: **1013 BAYHARBOR DRIVE ENGLEWOOD FL 34224**  
Mailing Address: **PO BOX 5320 ENGLEWOOD FL 34224**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/02/1993**  
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0506083**  
Applied For:  Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ARN, JOHN C  
1013 BAYHARBOR DRIVE  
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>SNIDER, A. JOE</b>
STREET ADDRESS	<b>1064 BAY HARBOR DRIVE</b>
CITY - ST - ZIP	<b>ENGLEWOOD FL 34224</b>
TITLE	<b>VPD</b>
NAME	<b>FRANCIS, ROBERT L</b>
STREET ADDRESS	<b>1023 SCHOONER LANE</b>
CITY - ST - ZIP	<b>ENGLEWOOD FL 34224</b>
TITLE	<b>STD</b>
NAME	<b>HORTON, MAC V</b>
STREET ADDRESS	<b>1017 BAY HARBOR DRIVE</b>
CITY - ST - ZIP	<b>ENGLEWOOD FL 34224</b>
TITLE	<b>PD</b>
NAME	<b>ARN, JOHN C</b>
STREET ADDRESS	<b>1013 BAY HARBOR DRIVE</b>
CITY - ST - ZIP	<b>ENGLEWOOD FL 34224</b>
TITLE	<b>D</b>
NAME	<b>ROACH, KATHRYN</b>
STREET ADDRESS	<b>1966 BLUEFIN CIRCLE</b>
CITY - ST - ZIP	<b>ENGLEWOOD FL 34224</b>
TITLE	<b>D</b>
NAME	<b>SORESI, ROBERTA R</b>
STREET ADDRESS	<b>5302 LAKE ARROWHEAD TRAIL</b>
CITY - ST - ZIP	<b>ENGLEWOOD FL 34224</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Secretary/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Patricia A. Snider</b>
1.3 STREET ADDRESS	<b>P. O. Box 5320</b>
1.4 CITY - ST - ZIP	<b>Englewood, FL 34224</b> <i>N/A</i>
2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Paul Spence</b>
2.3 STREET ADDRESS	<b>1054 Schooner Lane</b>
2.4 CITY - ST - ZIP	<b>Englewood, FL 34224</b>
3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Esther Horton</b>
3.3 STREET ADDRESS	<b>1017 Bay Harbor Drive</b>
3.4 CITY - ST - ZIP	<b>Englewood, FL 34224</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Pete Zirkle</b>
5.3 STREET ADDRESS	<b>1024 Bay Harbor Drive</b>
5.4 CITY - ST - ZIP	<b>Englewood, FL 34224</b>
6.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Bobbie Bedford</b>
6.3 STREET ADDRESS	<b>1065 Schooner lane</b>
6.4 CITY - ST - ZIP	<b>Englewood, FL 34224</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia A. Snider Sec./Treas. & Dir. 04-10-95 813-475-1999