

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mcrtham  
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**

3. Date Incorporated or Qualified: **09/02/1993**  
3a. Date of Last Report: **05/01/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SNIDER, PATRICIA A	
STREET ADDRESS	P O BOX 5320	
CITY-ST-ZIP	WNGLEWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SPENCE, APUL	
STREET ADDRESS	1054 SCHOONER LANE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOTRTON, ESTHER	
STREET ADDRESS	1017 BAY HARBOR DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARN, JOHN C	
STREET ADDRESS	1013 BAY HARBOR DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZIRKLE, PETE	
STREET ADDRESS	1024 BAY HORBOUR DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEDFORD, BOBBIE	
STREET ADDRESS	1065 SCHOONER LANE	
CITY-ST-ZIP	ENGLEWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Diane Edington	
1.3 STREET ADDRESS	1087 Bay Harbor Drive	
1.4 CITY-ST-ZIP	Englewood, FL 34224	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Myron R. Gerbitz	
2.3 STREET ADDRESS	1957 Blue Fin Circle	
2.4 CITY-ST-ZIP	Englewood, FL 34224	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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 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. 04-10-96 941-475-1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)