

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 12: 07

DOCUMENT # **N93000005639 (0)**

1. Corporation Name

**BAY HARBOR DEVELOPMENT ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1007 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

1007 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified **12/10/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **APPLIED FOR 65-0459733** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBBINS, MARJORIE F**  
1090 KANE CONCOURSE  
SUITE 202  
BAY HARBOR ISLANDS FL 33154

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **GORSON, CRAIG**  
STREET ADDRESS **1166 KANE CONCOURSE**  
CITY - ST - ZIP **BAY HARBOR ISLANDS FL 33143**

1.1 TITLE **President**  Change  Addition  
1.2 NAME **D Kenneth Laurence**  
1.3 STREET ADDRESS **1007 Kane Concourse**  
1.4 CITY - ST - ZIP **Bay Harbor FL 33154**

TITLE **D**  
NAME **PETER, GLORIA**  
STREET ADDRESS **1060 KANE CONCOURSE**  
CITY - ST - ZIP **BAY HARBOR ISLANDS FL 33143**

2.1 TITLE **Vice President**  Change  Addition  
2.2 NAME **D Oscar Sklar**  
2.3 STREET ADDRESS **1132 Kane Concourse**  
2.4 CITY - ST - ZIP **Bay Harbor FL 33154**

TITLE **D**  
NAME **BLUM, ETHEL**  
STREET ADDRESS **9502 HARDING AVE**  
CITY - ST - ZIP **SURFSIDE FL 33154**

3.1 TITLE **Secretary Secretary**  Change  Addition  
3.2 NAME **Murry Rosenthal**  
3.3 STREET ADDRESS **3535 Magellan Circle Unit 523**  
3.4 CITY - ST - ZIP **N Miami Beach FL 33129**

TITLE **D Vice Pr**  
NAME **SKLAR, OSCAR**  
STREET ADDRESS **1132 KANE CONCOURSE**  
CITY - ST - ZIP **BAY HARBOR ISLANDS FL 33154**

4.1 TITLE **Treasurer**  Change  Addition  
4.2 NAME **Richard Rubin**  
4.3 STREET ADDRESS **1011 Kane Concourse**  
4.4 CITY - ST - ZIP **Bay Harbor FL 33154**

TITLE **D**  
NAME **BOCHNER, DAVID**  
STREET ADDRESS **1077 95TH ST**  
CITY - ST - ZIP **BAY HARBOR ISLANDS FL 33154**

5.1 TITLE **D**  Change  Addition  
5.2 NAME **Robbins, Marjorie**  
5.3 STREET ADDRESS **1090 Kane Concourse # 202**  
5.4 CITY - ST - ZIP **Bay Harbor FL 33154**

TITLE **D**  
NAME **KASSIN, CLARITA**  
STREET ADDRESS **1039 KANE CONCOURSE**  
CITY - ST - ZIP **BAY HARBOR ISLANDS FL 33154**

6.1 TITLE  Change  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 110.07(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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/94 (20) 864-4540  
DATE (Type in Figure #)