

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**96 SEP -9 AM 10: 09**

**DOCUMENT # N93000005639 (0)**

1. Corporation Name  
**BAY HARBOR DEVELOPMENT ASSOCIATION, INC.**



*BR 9/16/96*

Principal Place of Business: **1007 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154**  
 Mailing Address: **1007 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154**

3. Date Incorporated or Qualified: **12/10/1993**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **65-0459733**  
 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**  
 2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**  
 Suite, Apt. #, etc.: **27**  
 City & State: **28**  
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**ROBBINS, MARJORIE F**  
**1090 KANE CONCOURSE**  
**SUITE 202**  
**BAY HARBOR ISLANDS FL 33154**

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	PD	<input type="checkbox"/> DELETE
NAME	LAURENCE, KENNETH	
STREET ADDRESS	1007 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	SKLAN, OSCAR	
STREET ADDRESS	1132 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUM, ETHEL	
STREET ADDRESS	9592 HARDING AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, MURRY	
STREET ADDRESS	3535 MCGELLEN CIRCLE UNIT 523	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOCHNER, DAVID	
STREET ADDRESS	1077 95TH ST	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RUBIN, RICHARD	
STREET ADDRESS	1011 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>Goldburg, Michael</i>
6.3 STREET ADDRESS	<i>1108 Kane Concourse</i>
6.4 CITY-ST-ZIP	<i>Bay Harbor Islands, FL 33154</i>

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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 checked, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **8/1/96** (305) 966-3600 DAYTIME PHONE # \_\_\_\_\_

CR2E037 (3/96)