


FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005639 (0)
 1. Corporation Name
BAY HARBOR DEVELOPMENT ASSOCIATION, INC.



Principal Place of Business 1007 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	Mailing Address 1007 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154
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3. Date Incorporated or Qualified 12/10/1993		
4. FEI Number 65-0459733	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	VPD	<input type="checkbox"/> DELETE
NAME	SKIAR, 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 checked="" 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 type="checkbox"/> DELETE
NAME	GOLDBERG, MICHAEL	
STREET ADDRESS	1008 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary Roberta Lee MACHETTE
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael S. Goldberg* / Treasurer 1-22-98 305-899-4280

CR2E037 (10/97)