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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005639

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/10/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0459733 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 checked="" 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 type="checkbox"/> DELETE
NAME	MACHETTE, ROBERTA LEE	
STREET ADDRESS	3335 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	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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George C. Reycraft
2.3 STREET ADDRESS	9790 E. Bay Harbor Drive, Ste. 1
2.4 CITY-ST-ZIP	Bay Harbor Islands, FL. 33154
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	Secretary and Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Machette, Roberta Lee
4.3 STREET ADDRESS	9821 E. Bay Harbor Drive
4.4 CITY-ST-ZIP	Bay Harbor Islands, FL. 33154
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	Delete
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, with all other like empowered.

SIGNATURE: *Roberta Lee Machette* 2-4-99 305 868 6430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)