

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 <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000006252 (0)**  
 1. Corporation Name  
**BAY HARBOR COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>6702 LONE OAK BLVD. NAPLES FL 33942</b>	Mailing Address <b>6702 LONE OAK BLVD. NAPLES FL 33942</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/22/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.	4. FEI Number <b>65-0572124</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>RUEMLER, TIM 6702 LONE OAK BLVD. NAPLES FL 33942</b>		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. State	<b>FL</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WEGWERT, TOM	1.2 NAME	<b>PD Diana Fliss</b>
STREET ADDRESS	6702 LONE OAK BLVD.	1.3 STREET ADDRESS	6702 Lone Oak Blvd
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	Naples, FL 33942
TITLE	TD	2.1 TITLE	<b>VPR Steve Peel</b>
NAME	MCLEOD, MIKE	2.2 NAME	6702 Lone Oak Blvd
STREET ADDRESS	6702 LONE OAK BLVD.	2.3 STREET ADDRESS	Naples, FL 33942
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<b>ST/D Mike McLeod</b>
NAME	PEEL, STEVE	3.2 NAME	6702 Lone Oak Blvd.
STREET ADDRESS	6702 LONE OAK BLVD.	3.3 STREET ADDRESS	Naples, FL 33942.
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	FLISS, DIANA	4.2 NAME	
STREET ADDRESS	6702 LONE OAK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<b>200001907682</b>
NAME		6.2 NAME	<b>-07/30/96--01037--042</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP		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: [Signature] PRESIDENT 6/19/96 941-598-4145  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (3/96)