

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 18 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthem</b> 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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3. Date Incorporated or Qualified  
**12/22/1994**

4. FEI Number <b>65-0572124</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 <b>Gulf Breeze Management</b>	2a. Mailing Address 26 <b>Gulf Breeze Management</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22 <b>10651 Wood Ibis Avenue</b>	Suite, Apt. #, etc. 27 <b>10651 Wood Ibis Avenue</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State 23 <b>Bonita Springs, FL</b>	City & State 28 <b>Bonita Springs, FL</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip 24 <b>34135</b>	Country 25 <b>USA</b>	Zip 29 <b>34135</b>	Country 30 <b>USA</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**RUEMLER, TIM  
6702 LONE OAK BLVD.  
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name <b>Estelle K. Maurer</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>670 Gulf Breeze Management Services</b>	
83 <b>10651 Wood Ibis Avenue</b>	
84 City <b>Bonita Springs</b>	85 Zip Code <b>FL 34135</b>

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 *Estelle K. Maurer* **Estelle K. Maurer** **2/16/98**  
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>FLISS, DIANA</b>	1.1 TITLE <b>President D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6702 LONE OAK BLVD.</b>	1.2 NAME <b>Andrew Soffel</b>	
STREET ADDRESS	<b>NAPLES FL 33942</b>	1.3 STREET ADDRESS <b>27086 Shell Ridge Circle</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Bonita Springs, FL 34134</b>	
TITLE <b>STD</b>	<b>MCLEOD, MIKE</b>	2.1 TITLE <b>Vice President D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6702 LONE OAK BLVD.</b>	2.2 NAME <b>Pam Ytterberg</b>	
STREET ADDRESS	<b>NAPLES FL 33942</b>	2.3 STREET ADDRESS <b>27140 Shell Ridge Circle</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Bonita Springs, FL 34134</b>	
TITLE <b>VD</b>	<b>PEEL, STEVE</b>	3.1 TITLE <b>2nd Vice President D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6702 LONE OAK BLVD.</b>	3.2 NAME <b>Fred Busch</b>	
STREET ADDRESS	<b>NAPLES FL 33942</b>	3.3 STREET ADDRESS <b>27104 Shell Ridge Circle</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Bonita Springs, FL 34134</b>	
TITLE		4.1 TITLE <b>Secretary/Treasurer D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Hal Miller</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>27152 Shell Ridge Circle</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Bonita Springs, FL 34135</b>	
TITLE		5.1 TITLE <b>Director at Large D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Hank Westerman</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>27056 Shell Ridge Circle</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Bonita Springs, FL 34134</b>	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Andrew Soffel* **Andrew Soffel** **2/16/98** **941-947-3737**  
(Signature typed or printed name of officer or director) Date

CR2E037 (10/97)