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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
DOCUMENT # N94000006252 1. Corporation Name BAY HARBOR COMMUNITY ASSOCIATION, INC.		
Principal Place of Business GULF BREEZE MANAGEMENT 10651 WOOD IBIS AVE BONITA SPRINGS FL 34135 US	Mailing Address GULF BREEZE MANAGEMENT 10651 WOOD IBIS AVE BONITA SPGS FL 34135 US	



21. Principal Place of Business Gulf Breeze Management Services, Inc. Suite, Apt. #, etc. 27725 Old 41, Suite 206 City & State Bonita Springs, FL Zip 34135	2a. Mailing Address Services, Inc. Suite, Apt. #, etc. SAME City & State Zip USA	3. Date Incorporated or Qualified 12/22/1994	4. FEI Number 65-0572124	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. 27725 Old 41, Suite 206	27. SAME	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. Bonita Springs, FL	28.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. 34135	25. USA	29.	30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAURER, ESTELLE K C/O GULF BREEZE MANAGEMENT SERVICES 10651 WOOD IBIS AVE BONITA SPGS FL 34135				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.	27725 Old 41, Suite 206		
				84. City	85. Zip Code	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: *Estelle K Maurer* DATE: 2/15/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFFEL, ANDREW	1.2 NAME	
STREET ADDRESS	27086 SHELL RIDGE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YTTBERG, PAM	2.2 NAME	Clifford Lorenz
STREET ADDRESS	27140 SHELL RIDGE CIR	2.3 STREET ADDRESS	4542 Shell Ridge Court
CITY-ST-ZIP	BONITA SPRINGS FL 34134	2.4 CITY-ST-ZIP	Bonita Springs, Florida 34134
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, FRED	3.2 NAME	
STREET ADDRESS	27104 SHELL RIDGE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HAL	4.2 NAME	
STREET ADDRESS	27152 SHELL RIDGE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTERMAN, HANK	5.2 NAME	
STREET ADDRESS	27056 SHELL RIDGE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Andrew Soffel* DATE: 2/15/99 (941)947-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)