


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90035 034 \*\*\*\*61.25

**DOCUMENT # N94000006252**

1. Entity Name  
**BAY HARBOR COMMUNITY ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**%GULF BREEZE MAANAGEMENT SERVICES, INC.**      **%GULF BREEZE MAANAGEMENT SERVICES, INC.**  
**27725 OLD 41 STE 104**      **27725 OLD 41 STE 104**  
**BONITA SPRINGS, FL 34135-5679 US**      **BONITA SPRINGS, FL 34135-5679 US**



2. Principal Place of Business      3. Mailing Address  
 LLC not INC      LLC not INC

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01192004    Chg-NP      CR2E037 (10/03)

4. FEI Number  
**65-0572124**      Applied For  
 Not Applicable

5. Certificate of Status Desired          **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**SHIPP, ESTELLE K**  
**GULF BREEZE MANAGEMENT SERVICES, INC.**  
**27725 OLD 41 STE 104**  
**BONITA SPRINGS, FL 34135-5679**

Name  
**Weidner, Ralph L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Gulf Breeze Management Services, LLC**  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Ralph L. Weidner*      **Ralph L. Weidner**      **2/24/2004**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$61.25 Due by May 1, 2004**      9. Election Campaign Financing Trust Fund Contribution.          **\$5.00** May Be Added to Fees      **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOFFEL, ANDREW 27086 SHELL RIDGE CIR BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD QUINBY, NELSON 27170 SHELL RIDGE CIRCLE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARRINGTON, STUART 27128 SHELL RIDGE CIRCLE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WESTERMAN, HANK 27056 SHELL RIDGE CIR BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARONSON, STEPHEN M 4556 SHELL RIDGE COURT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Andrew Soffel*      **Andrew Soffel**      **2/24/2004**      **239 247 3757**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #