

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90194 040 ****61.25

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01062006 Chg-NP CR2E037 (11/05)

DOCUMENT # N94000006252			
1. Entity Name BAY HARBOR COMMUNITY ASSOCIATION, INC.			
Principal Place of Business %GULF BREEZE MAANAGEMENT SERVICES, LLC. 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135-5679 US		Mailing Address %GULF BREEZE MAANAGEMENT SERVICES, LLC. 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135-5679 US	
2. Principal Place of Business 8910 Terrene Court		3. Mailing Address 8910 Terrene Court	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0572124		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEIDNER, RALPH L GULF BREEZE MANAGEMENT SERVICES, LLC. 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135-5679		Name Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 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 _____ 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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Farina, Gerald 27164 Shell Ridge Circle Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINBY, NELSON 27170 SHELL RIDGE CIRCLE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <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	S/T/D <input checked="" 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	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARONSON, STEPHEN M 4556 SHELL RIDGE COURT BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dalton, William 4501 Shell Ridge Court Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 119, 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 all other like empowered.			
SIGNATURE: 		John (Hank) Westerman 2/22/06 (239) 498-0221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	