2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2004 8:00 am Secretary of State 03-12-2004 90024 023 ****61.25

DOCUMENT # 725145 1. Entity Name GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.									
	e of Business BAY HARBOR DR R ISLANDS, FL 33154-1567 US	Mailing Address IUM, INC 9800 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154			24019928				
•	lace of Business	3. Mailing Address					TAN BIAN BIAN BIAN BIAN AND BIAN AND BIAN BI		
c/o DC Suite, Apt.		c/o DCI Association Servic Suite, Apt. #, etc.			0.1000001		OD0=40= (40(00)	,	
	arding St., Ste 200	2035 Harding	St., Ste	200		g-NP	CR2E037 (10/03)		
	ood, FL 33020	City & State Hollywood, FI			4. FEI Number 59-1493899	N	pplied For lot Applicable		
Zip	Country	Zip	Country	: 70	5. Certificate of Sta		□ \$8.75 Ad Fee Requir	eq j	
	6. Name and Address of Current F	Registered Agent	Name		_7. Name and Addr	ess of New Reg	istered Agent 🕝 😉		
TAYLOR, I					ew Meyrowit P.O. Box Number is N				
	AY HARBOR DRIVE 3OR, FL 33154		Street		DCI Associa		rvices		
	20,4,12 00,01	1		2035	Harding St	treet, Su	uite 200		
			City		ywood		FL 338	7 6	
8. The above	named entity submits this statement for	the purpose of changing its	registered office of		<u> </u>	he State of Florid			
	tions of registered agent.	7	-	_				·	
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SIGNÁTURE .	Signature, typed or printed name of egistered agents a	nd title if applicable. (NOTE	E. Registered Agent signa	ature required	when reinstaling)	 -	DATE		
ij.		a Startan San					2.42	27888678	
•	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Can Trust Fund (npaign Financing Contribution.		\$5.00 May Be Added to Fees		re check payable a Department of S		
10.	OFFICERS AND DIR	ECTORS	11.	A	DDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS II	V 10	
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Attachment

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 725145 t. Entity Name GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.						PAGE TWO OF TWO AHACUMAN 24019928						
Principal Place of Business 9800 WEST BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154-1567 US 9800 WEST BAY HARBOR BAY HARBOR ISLANDS, FI									24C)190	128	}
2. Principal P		3. Mailing Address SEE PAGE ONE										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262004	Chg-NP	CR2E03	7 (10/03)			
City & State			City & State					4. FEI Number 59-14938	99	Applied For Not Applicable		
Zip		Country Zip C		Co	untry	5. Certificate of Status Desir			ed S8.75 Additional Fee Required			
	6. Name	and Address of Current	Registere	ed Agent	===	7. Name and Address of New Registered Agent						
TAYLOR, RITA 9800 W BAY HARBOR DRIVE BAY HARBOR, FL 33154				-		Street Address (P.O. Box Number is Not Acceptable)						
				City			····		···	FL	Zip Cod	е
	named entitions of regis	y submits this statement fo tered agent.	r the purp	ose of changing its	register	ed office or	register	ed agent, or both,	in the State of F	lorida. I am f	amiliar with,	and accept
0101115-105												
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if app	nicable. (NOTE	E. Registere	ed Agent signati	ure required	when reinstalling)		DATE		
<u>)</u>	Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Trust Fund Contrib							\$5.00 May Be Added to Fees		Make check rida Depart		
10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHAN	GES TO OFFICE	ERS AND DIF	ECTORS IN	10 XCX Addition
NAME STREET ADDRESS CITY-ST-ZIP	N 51					AE AET ADDRESS (-ST-ZIP	Sapolsky, Ruth 9800 W. Bay Harbor Drive #504					
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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 cath; 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 tike empowered. SIGNATURE:												
JIGIVAI	UITE.	AGNATURE AND TYPED OR	PRINTED NAI	ME OF SIGNING OFFICER	OR DIREC	TOR		<u> </u>	Date		avlime Phone #	