

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90024 023 \*\*\*\*61.25


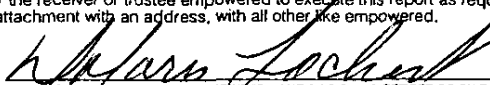
<b>DOCUMENT # 725145</b> 1. Entity Name <b>GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.</b>			
Principal Place of Business <b>9800 WEST BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154-1567 US</b>		Mailing Address <b>IUM, INC 9800 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154</b>	
2. Principal Place of Business <b>c/o DCI</b>		3. Mailing Address <b>c/o DCI Association Services</b>	
Suite, Apt. #, etc. <b>2035 Harding St., Ste 200</b>		Suite, Apt. #, etc. <b>2035 Harding St., Ste 200</b>	
City & State <b>Hollywood, FL 33020</b>		City & State <b>Hollywood, FL 33020</b>	
Zip <b>33020</b>	Country <b>USA</b>	Zip <b>33020</b>	Country <b>USA</b>
4. FEI Number <b>59-1493899</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TAYLOR, RITA 9800 W BAY HARBOR DRIVE BAY HARBOR, FL 33154</b>		7. Name and Address of New Registered Agent Name <b>Andrew Meyrowitz</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o DCI Association Services</b> <b>2035 Harding Street, Suite 200</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33020</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee Is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, RITA 9800 W BAY HARBOR DRIVE BAY HARBOR I, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Valderrama, Luis 9800 W. Bay Harbor Drive #307 Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETERSON, ERIC 9800 W. BAY HARBOR DR. BAY HARBOR ISL., FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Peterson, Eve 9800 W. Bay Harbor Drive #602 Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SICA, ELEANOR 9800 W. BAY HARBOR DR. BAY HARBOR ISL., FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Martino-Rizzi, Stephanie 9800 W. Bay Harbor Drive #702 Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THORPE, JANE 9800 W. BAY HARBOR DR. BAY HARBOR ISL., FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Thorpe, Jane 9800 W. Bay Harbor Drive #702 Bay Harbor Islands, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKART, DELORES 9800 W BAY HARBOR DRIVE # 209 BAY HARBOR ISLAND, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lockert, Delores 9800 W. Bay Harbor Drive #511 Bay Harbor Islands, FL 33154 <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	D Foster, Lois 9800 W. Bay Harbor Drive #505 Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input checked="" 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 all other like empowered.			
SIGNATURE:  (3/8/04)			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			

**24019928**



Attachment

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

<b>DOCUMENT # 725145</b>					
1. Entity Name GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.					
Principal Place of Business 9800 WEST BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154-1567 US			Mailing Address IUM, INC 9800 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			SEE PAGE ONE		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAYLOR, RITA 9800 W BAY HARBOR DRIVE BAY HARBOR, FL 33154			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Sapolsky, Ruth	
STREET ADDRESS			STREET ADDRESS	9800 W. Bay Harbor Drive #504	
CITY-ST-ZIP			CITY-ST-ZIP	Bay Harbor Islands, FL 33154	
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: 			Date: 3/8/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		