# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 28, 2008 8:00 am**
**Secretary of State**
01-28-2008 90053 005 ****61.25

DOCUMENT # 725145

1. Entity Name
GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.

| Principal Place of Business | Mailing Address |
|---|---|
| GUILDFORD HOUSE OF BAY HARBOR<br>9800 W. BAY HARBOR DR<br>BAY HARBOR ISLANDS, FL 33154 US | GUILDFORD HOUSE OF BAY HARBOR<br>9800 W. BAY HARBOR DR<br>BAY HARBOR ISLANDS, FL 33154 US |

01142008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1493899 ☐ 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 |
|---|---|
| YAFFE, ROBERT H<br>12000 BISCAYNE BLVD,<br>#803<br>NORTH MIAMI, FL 33181 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

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 | D<br>SAPOLSKY, RUTH<br>9800 W. BAY HARBOR DR., #504<br>BAY HARBOR I, FL 33154 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MARTINO-RIZZI, STEPHANIE<br>9800 W. BAY HARBOR DR., #209<br>BAY HARBOR ISL., FL 33154 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ENGLANDER, JUDITH<br>9800 W. BAY HARBOR DR., #502<br>BAY HARBOR ISL., FL 33154 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>THOMPSPN, STEVE<br>9800 W. BAY HARBOR DR., #508<br>BAY HARBOR ISL., FL 33154 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CORRAL, ELENA<br>9800 W. BAY HARBOR DR., #304<br>BAY HARBOR ISLAND, FL 33154 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Rita Post<br>9800 W. Bay Harbor Dr. #510<br>Bay Harbor Islands, FL 33154 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LONDON, YVONNE N<br>9800 W. BAY HARBOR DR., #609<br>BAY HARBOR ISLANDS, FL 33154 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>London Yvonne H.<br>9800 W. Bay Harbor Dr #609<br>Bay Harbor Islands, FL 33154 | ☑ Change ☐ 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:** _____ 11/17/08 305-861-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #