

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740475

**Entity Name:** BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3366 N KEY DR  
NORTH FT MYERS, FL 33903

**Current Mailing Address:**

C/O SILVERCRESTED MANAGEMENT, LLC  
P.O. BOX 1848  
FORT MYERS, FL 33902 US

**FEI Number:** 59-1639672

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SILVERCRESTED MANAGEMENT LLC  
1490 NE PINE ISLAND ROAD  
UNIT 8-D  
CAPE CORAL, FL 33909 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title SD  
Name WALTER, KATHLEEN  
Address 3354 NORTH KEY DRIVE #F-8  
City-State-Zip: NORTH FORT MYERS FL 33903

Title PD  
Name SCROGHAM, DAVID  
Address PO BOX 594  
City-State-Zip: TAFTON PA 18464

Title TD  
Name SCOLA, WALTRAUD  
Address 3388 NORTH KEY DRIVE B5  
City-State-Zip: NORTH FORT MYERS FL 33903

Title D  
Name CONNOLLY, ANDREW  
Address 514 SANBORN STREET  
City-State-Zip: PORT HURON MI 48060

Title VD  
Name HELFENSTEIN, GERALD  
Address 3356 NORTH KEY DRIVE F3  
City-State-Zip: NORTH FORT MYERS FL 33903

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID SCROGHAM

**PRESIDENT**

**03/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date