

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16915

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

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC6423325970**

**Current Principal Place of Business:**

9110 W BAY HARBOR DR  
BAY HARBOR ISLAND, FL 33154

**Current Mailing Address:**

P.O. BOX 526407  
MIAMI, FL 33152 US

**FEI Number:** 65-0306773

**Certificate of Status Desired:** No

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

ARANGO, ESTHER  
C/O LE SOLEIL PROPERTY MGMT OF FL, LLC  
1150 NW 72 AVENUE SUITE 520  
MIAMI, FL 33126 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 PT  
Name ARANGO, ESTHER I  
Address P.O. BOX 526407  
City-State-Zip: MIAMI FL 33152

Title S  
Name SIRVEN, MARY  
Address P.O. BOX 526407  
City-State-Zip: MIAMI FL 33152

Title D  
Name MENDELL, STEVE  
Address P.O. BOX 526407  
City-State-Zip: MIAMI FL 33152

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:** ESTHER ARANGO

**PRESIDENT**

**04/21/2014**

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

\_\_\_\_\_  
Date