

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000516

**Entity Name:** BAY HARBOUR HOMEOWNERS' ASSOCIATION OF  
BAYHARBOUR, INC.**Current Principal Place of Business:**941 BAY HARBOUR BLVD  
FREEPORT, FL 32439**Current Mailing Address:**P.O. BOX 1113  
FREEPORT, FL 32439 US**FEI Number: 59-3515793****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EDWARDS, RAYMOND KEITH  
941 BAY HARBOUR BLVD  
FREEPORT, FL 32439 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: RAYMOND KEITH EDWARDS****01/28/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** SECRETARY  
**Name** EMMONS, LISA J  
**Address** 49 N SUNSET  
**City-State-Zip:** FREEPORT FL 32439**Title** PRESIDENT  
**Name** EDWARDS, RAYMOND KEITH  
**Address** 941 BAY HARBOUR BLVD  
**City-State-Zip:** FREEPORT FL 32439**Title** TREASURER  
**Name** HENDERSON, EDDIE J  
**Address** 166 E HARBOUR TRACE  
**City-State-Zip:** FREEPORT FL 32439**Title** VP  
**Name** JOHNSON, HARVEY  
**Address** 36 CREEK HARBOUR BLVD  
**City-State-Zip:** FREEPORT FL 32439**Title** BOARD MEMBER  
**Name** CARTER, D'AUN  
**Address** 105 FOREST HARBOUR  
**City-State-Zip:** FREEPORT FL 32439

*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: EDDIE J HENDERSON****TREASURER****01/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date