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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 22 1996 8:00 am  
Secretary of State

DOCUMENT # 655825 (8)

1. Corporation Name

HARBOUR BAY CONDOMINIUM, INC.

Principal Place of Business

10281 EAST BAY HARBOR ISLAND DR.  
BAY HARBOR ISLAND FL 33154

Mailing Address

10281 EAST BAY HARBOR ISLAND DR.  
BAY HARBOR ISLAND FL 33154

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/13/1980

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2020995

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SCHANERMAN, SYLVIA  
10281 E BAY HARBOR DR  
BAY HARBOR ISLAND, FL  
33154

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SYLVIA SCHANERMAN

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent Signature required when not signing)

Jan. 13, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCHANERMAN, SYLVIA  
STREET ADDRESS 10281 E. BAY HARBOR DR.  
CITY-ST-ZIP BAY HARBOR ISLAND FL

TITLE DP ☐ DELETE

NAME PLACKO, ADAM  
STREET ADDRESS 10281 E. BAY HARBOR DR.  
CITY-ST-ZIP BAY HARBOR ISLAND FL

TITLE VPD ☐ DELETE

NAME GEERTSMA, GARY  
STREET ADDRESS 10281 E BAY HARBOR DR.  
CITY-ST-ZIP BAY HARBOR IS. FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvia SCHANERMAN Jan. 13, 1996

DATE

Daytime Phone #

CR2E034 (12/95)