

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90057 002 ***150.00

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DOCUMENT # 655825

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1980

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

SCHANERMAN, SYLVIA
10281 E BAY HRBR DR
BAY HRBR ISLS, FL
33154

10. Name and Address of New Registered Agent

81 Name

ANNA MARIE SABATINO

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

10281 E Bay Harbor Dr.

83

Apt. 3A

84 City

Bay Harbor Islands

FL

85 Zip Code

33154

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

X Anna Marie Sabatino

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/99

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 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Anna Marie Sabatino ☐ Change ☒ Addition

1.2 NAME PD

1.3 STREET ADDRESS 10281 E Bay Harbor Dr. Apt 3A

1.4 CITY-ST-ZIP Bay Harbor Islands FL 33154

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STD Cathleen C Constantine ☐ Change ☒ Addition

10281 E Bay Harbor Dr. Apt 4B

Bay Harbor Islands FL 33154

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)