
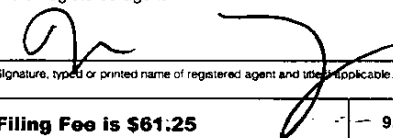


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90059 045 \*\*\*\*61.25

<b>DOCUMENT # 716342</b> 1. Entity Name <b>ASBURY - W. BAY HARBOR APTS., INC.</b>					
Principal Place of Business <b>9120 WEST BAY HARBOR DRIVE APT 3-B BAY HARBOR ISLAND, FL 33154</b>			Mailing Address <b>9120 WEST BAY HARBOR DRIVE APT 3-B BAY HARBOR ISLAND, FL 33154</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>22-2054461</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01162008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>COHEN, STEPHAN L 801 ARTHUR GODFREY ROAD SUITE 201 MIAMI BEACH, FL 33140</b>			7. Name and Address of New Registered Agent Name <b>MARK J BRYN</b> Street Address (P.O. Box Number is Not Acceptable) <b>9120 W BAY HARBOR DR #4B</b> City <b>BAY HARBOR ISLANDS</b> <b>FL</b> Zip Code <b>33154</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE <b>2-10-08</b> <small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, STEPHAN L 9120 W. BAY HARBOR DR., #3B MIAMI BEACH, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYN, MARK J 9120 W. BAY HARBOR DR., #4B MIAMI BEACH, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYN, MARK J 9120 W. BAY HARBOR DR #4B BAY HARBOR ISLANDS, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIMMEL, INA 9120 W. BAY HARBOR DR MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYN, KRISTINA 9120 W BAY HARBOR DR #4B BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHMAN, JOOY 9120 W BAY HARBOR DR #2A BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE <b>2-10-08</b> 305- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

374-9501