

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:25

DOCUMENT # **724463** (5)

1. Corporation Name

BAY HARBOR ISLAND MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9660 W.BAY HARBOR DRIVE
BAY HARBOR ISL.FL 33154

9660 W.BAY HARBOR DRIVE
BAY HARBOR ISL.FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/02/1972	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1437527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

WATKINS, MORRIS
9660 W. BAY HARBOR DR.
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name HENRY, BRENT
82 Street Address (P.O. Box Number is Not Acceptable) 9660 W. Bay Harbor Drive
83
84 City Bay Harbor Islands
85 State FL
86 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 HENRY, BRENT, Pres. DATE 2-7-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MORRIS, WATKINS
STREET ADDRESS	9660 W. BAY HARBOR DRIVE
CITY - ST - ZIP	BAY HARBOR ISLE FL
TITLE	D
NAME	HENRY, BRENT
STREET ADDRESS	9660 W. BAY HARBOR DRIVE
CITY - ST - ZIP	BAY HARBOR ISL FL
TITLE	D
NAME	PRIETO, JORGE
STREET ADDRESS	9660 W. BAY HARBOR DRIVE
CITY - ST - ZIP	BAY HARBOR ISL FL
TITLE	SD
NAME	SCHICK, RENNE
STREET ADDRESS	9660 W. BAY HARBOR DR.
CITY - ST - ZIP	BAY HARBOR ISL FL
TITLE	SD
NAME	MCRIDE, ANN
STREET ADDRESS	9660 W. BAY HARBOR DR.
CITY - ST - ZIP	BAY HARBOR ISL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. HENRY, BRENT
1.3 STREET ADDRESS	9660 W. Bay Harbor Drive
1.4 CITY - ST - ZIP	Bay Harbor Islands Fla 33154
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOWE, HELEN
2.3 STREET ADDRESS	9660 W. BAY HARBOR DRIVE
2.4 CITY - ST - ZIP	Bay Harbor Islands Fla.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D. WOLF, ROSLYN
3.3 STREET ADDRESS	9660 W. BAY HARBOR DRIVE
3.4 CITY - ST - ZIP	Bay Harbor Islands, Fla
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with my address.

SIGNATURE: Ann M. McBride DATE 2-7-95 SYSTEM # 215-865-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR