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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

CITY-ST-ZIP

DOCUMENT #

724463

(5)

BAY HARBOR ISLAND MANOR CONDOMINIUM ASSOCIATION. INC.

Principal Place of Business Mailing Address 9660 W.BAY HARBOR DRIVE 9660 W.BAY HARBOR DRIVE BAY HARBOR ISL.FL. 33154 BAY HARBOR ISL.FL. 33154 3. Date Incorporated or Qualified 3a. Date of Last Report 10/02/1972 02/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1437527 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zφ Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 ☐ Yes X No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HENRY, BRENT Street Address (P.O. Box Number is Not Acceptable) 82 9660 W BAY HARBOR DRIVE **BAY HARBOR ISLAND FL 33154** 83 City 84 Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 proposed of the provisions of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition NAME HENRY, BRENT 1.2 NAME CR2E037 9660 W BAY HARBOR DRIVE STREET ADDRESS 1.3 STREET ADDRESS BAY HARBOR ISLE FL CITY-ST-ZIP 14 City-St-7iP DELETE THIE D 21 TITLE Change Addition NAME LOWE, HELEN 2.2 NAME STREET ADDRESS 9660 W BAY HARBOR DRIVE 2.3 STREET ADDRESS BAY HARBOR ISL GL CHTY - ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition WOLF, ROSLYN NAME 3.2 NAME STREET ADDRESS 9660 W BAY HARBOR DRIVE 3.3 STREET ADDRESS BAY HARBOR ISL FL 3.4. CITY-ST-ZIP CITY-ST-ZiP TOTALE SD DELETE Change 4.1 TITLE Addition SCHICK, RENNE NAME 4. 2 NAME 9660 W. BAY HARBOR DR. STREET ADDRESS 4.3 STREET ADDRESS BAY HARBOR ISL FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE THEF 5.1 TITLE ☐ Change ☐ Addition NAME MCBRIDE, ANN 5.2 NAME 9660 W. BAY HARBOR DR. STREET ADDRESS 5.3 STREET ADDRESS BAY HARBOR ISL FL CITY-ST-ZIP 5.4 CITY - ST-ZIP TOLE DELETE Change 61TITLE Addition NAME 6.2 NAME STREET ADDRESS 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 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 trusted 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 an actions.

FICER OR DIRECTOR