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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724463 (5)
 1. Corporation Name
BAY HARBOR ISLAND MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 9660 W.BAY HARBOR DRIVE BAY HARBOR ISL.FL. 33154	Mailing Address 9660 W.BAY HARBOR DRIVE BAY HARBOR ISL.FL. 33154
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3. Date Incorporated or Qualified 10/02/1972	
4. FEI Number 59-1437527	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

HENRY, BRENT
9660 W BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HENRY, BRENT	
STREET ADDRESS	9660 W BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALAN HEILIG	
STREET ADDRESS	9660 W BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JORGE PRIETO	
STREET ADDRESS	9660 W BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHICK, RENNE	
STREET ADDRESS	9660 W. BAY HARBOR DR.	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCBRIDE, ANN	
STREET ADDRESS	9660 W. BAY HARBOR DR.	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WYNN HERSHEY
2.3 STREET ADDRESS	9660 W. BAY HARBOR DRIVE
2.4 CITY-ST-ZIP	BAY HARBOR ISL FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHIRLEY CHANDLER
3.3 STREET ADDRESS	9660 W BAY HARBOR DRIVE
3.4 CITY-ST-ZIP	BAY HARBOR ISL FL
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann MCBride *Ann MCBride* **1/6/98** **305-965-6672**

CR2E037 (10/97)