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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724463

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/02/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1437527
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME WYNN, HERSHEY	1.2 NAME
STREET ADDRESS 9660 W BAY HARBOR DR	1.3 STREET ADDRESS	CITY-ST-ZIP BAY HARBOR ISLE FL	1.4 CITY-ST-ZIP
TITLE D <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ALAN HEILIG	2.2 NAME
STREET ADDRESS 9660 W BAY HARBOR DRIVE	2.3 STREET ADDRESS	CITY-ST-ZIP BAY HARBOR ISL GL	2.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CHANDLER, SHIRLEY	3.2 NAME
STREET ADDRESS 9660 W BAY HARBOR DRIVE	3.3 STREET ADDRESS	CITY-ST-ZIP BAY HARBOR ISL FL	3.4 CITY-ST-ZIP
TITLE SD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SCHICK, RENNE	4.2 NAME
STREET ADDRESS 9660 W. BAY HARBOR DR.	4.3 STREET ADDRESS	CITY-ST-ZIP BAY HARBOR ISL FL	4.4 CITY-ST-ZIP
TITLE SD <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MCBRIDE, ANN	5.2 NAME
STREET ADDRESS 9660 W. BAY HARBOR DR.	5.3 STREET ADDRESS	CITY-ST-ZIP BAY HARBOR ISL FL	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/29/99 DAYTIME PHONE #: 305-865-1625

CR2E037 (11/98)