

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90067 036 ****61.25

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DOCUMENT # 724463

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1437527

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Ann M. McBride
 ANN M. MCBRIDE

(NOTE: Registered Agent signature required when reinstating)

3-25-02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STING, DAVID	
STREET ADDRESS	9661 W. BAY HARFOR DR	
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	D	<input checked="" type="checkbox"/> Delete
NAME	CORRAL, JOHN	
STREET ADDRESS	9660 W BAY HERON DR	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SHIRLEY CHANDLER
 9660 W BAY HARBOR DR.
 BAY HARBOR FL 33154

12. 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 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: X

Ann M. McBride
 ANN M. MCBRIDE

3-25-02
 DATE

305-865-1622
 TELEPHONE NUMBER

CR2E037 (9/01)