

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90377 042 ****61.25

DOCUMENT # 724463

1. Entity 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

14010000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1437527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEAR, KEN
9660 W. BAY HARBOR DR.
BAY HARBOR ISLANDS 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
NAME: **STING, DAVID**
STREET ADDRESS: **9661 W. BAY HARFOR DR**
CITY-ST-ZIP: **BAY HARBOR ISL FL**

TITLE: **V-PRES/SECY** Change Addition
NAME: **JOHN CORRAL**
STREET ADDRESS: **9660 W. BAY HARBOR DRIVE**
CITY-ST-ZIP: **BAY HARBOR ISL FL 33154**

TITLE: **S** Delete
NAME: **MOTOLA, VICTORIA**
STREET ADDRESS: **9600 W. BAY HARBOR DR.**
CITY-ST-ZIP: **BAY HARBOR ISLANDS FL 33154**

TITLE: **ASS'T V. PRES. MAINT** Change Addition
NAME: **WILKARD HOLBERT**
STREET ADDRESS: **BAY HARBOR ISL, FL 33154**

TITLE: **SD** Delete
NAME: **MCBRIDE, ANN**
STREET ADDRESS: **9660 W. BAY HARBOR DR.**
CITY-ST-ZIP: **BAY HARBOR ISL FL**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
NAME: **CHANDLER, SHIRLEY**
STREET ADDRESS: **9660 W. BAY HARBOR DR.**
CITY-ST-ZIP: **BAY HARBOR FL 33154**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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:

Ann M McBride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date

305 865-1652

Daytime Phone #