


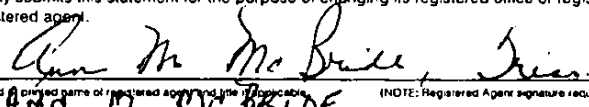

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

07-09-2007 90045 024 ****61.25

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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			
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/> \$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 or director (NOTE: Registered Agent signature required when reappointing)		DATE 7-6-07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORRAL, JOHN		NAME		
STREET ADDRESS	9660 W BAY HARBOR DR.		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISL., FL 33154		CITY-ST-ZIP		
TITLE	AVM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLBERT, WILLARD		NAME		
STREET ADDRESS	9600 W. BAY HARBOR DR.		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCBRIDE, ANN		NAME		
STREET ADDRESS	9660 W. BAY HARBOR DR.		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISL, FL		CITY-ST-ZIP		
TITLE	D.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEITE, JEFF		NAME		
STREET ADDRESS	9660 W. BAY HARBOR DR.		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR, FL 33154		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 7-6-07	
				Daytime Phone #	