


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90158 014 \*\*\*\*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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1437527**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **KEN SHEAR**

Street Address **9660 W. BAY HARBOR DRIVE**

**BAY HARBOR ISLANDS**

City **FLA** Zip Code **FL 33154**

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 *Ann M. McBride* DATE **1-17-03**

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**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STING, DAVID</b>	
STREET ADDRESS	<b>9661 W. BAY HARFOR DR</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISL FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHICK, RENNE</b>	
STREET ADDRESS	<b>9660 W. BAY HARBOR DR.</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISL FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MCBRIDE, ANN</b>	
STREET ADDRESS	<b>9660 W. BAY HARBOR DR.</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHANDLER, SHIRLEY</b>	
STREET ADDRESS	<b>9660 W. BAY HARBOR DR.</b>	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRET.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOTOLA, VICTORIA</b>	
STREET ADDRESS	<b>9660 W. BAY HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISL, FLA 33154</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* DATE: **1/17/03** TELEPHONE: **305-861-2957**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)