

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725145** (7)
Corporation Name
GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.



Principal Place of Business		Mailing Address	
IUM, INC 9800 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154 9800 WEST BAY HARBOR DR		IUM, INC 9800 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154	
21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip
25. Principal Place of Business	26. Suite, Apt. #, etc.	27. City & State	28. Zip
29. Country	30. Country		

3. Date Incorporated or Qualified	01/03/1973	
4. FEI Number	59-1493899	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
ROGERS, DAVID 9800 W BAY HARBOR DR BAY HARBOR ISL FL 33154	

10. Name and Address of New Registered Agent	
81. Name	ARTHUR CARMELL
82. Street Address (P.O. Box Number is Not Acceptable)	9800 W BAY HARBOR DR.
83. City	BAY HARBOR ISL.
84. State	FL
85. Zip Code	33154

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 *Arthur A. Carmell* **1-27-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARMELL, ARTHUR	
STREET ADDRESS	9800 W. BAY HARBOR DR.	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINSON, FRANCES S.	
STREET ADDRESS	9800 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISL, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ROGERS, DAVID	
STREET ADDRESS	9800 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISL, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THORPE, JANE	
STREET ADDRESS	9800 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHAW, EDITH	
STREET ADDRESS	9800 W BAY HARBOR RD	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAMANT, ALEX	
STREET ADDRESS	9800 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	ASST. T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RITA TAYLOR	
1.3 STREET ADDRESS	9800 W. BAY HARBOR DR.	
1.4 CITY-ST-ZIP	BAY HARBOR ISL, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Arthur A. Carmell* **1/27/98**

CR2E037 (10/97)