

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725145

1. Entity Name

GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.

Principal Place of Business

Mailing Address

9800 WEST BAY HARBOR DR
BAY HARBOR ISLANDS FL 33154-1567
US

IUM. INC
9800 WEST BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154-1569

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

59-1493899

Applied For

Not Applicable

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

CARMELL, ARTHUR
9800 W BAY HARBOR DR
BAY HARBOR ISL FL 33154

Name MARTINO, STEPHANIE

Street Address (P.O. Box Number is Not Acceptable)
9800 W Bay Harbor Dr

Bay Harbor Isls, FL

City

FL

Zip Code

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.

SIGNATURE

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

Stephanie Martino

1/22/2000

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CARMELL, ARTHUR
STREET ADDRESS 9800 W. BAY HARBOR DR.
CITY-ST-ZIP BAY HARBOR ISL FL

TITLE Pres. / Director ☐ Change ☐ Addition
NAME MARTINO, STEPHANIE
STREET ADDRESS 9800 W. Bay Harbor Dr.
CITY-ST-ZIP Bay Harbor Isls., FL 33154

TITLE D ☒ Delete
NAME LEVINSON, FRANCES S.
STREET ADDRESS 9800 W BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISL, FL 00000

TITLE Vice-Pres./ Director ☐ Change ☐ Addition
NAME PETERSON, EVE
STREET ADDRESS 9800 W Bay Harbor Dr.
CITY-ST-ZIP Bay Harbor Isls., FL

TITLE DVP ☒ Delete
NAME ROGERS, DAVID
STREET ADDRESS 9800 W BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISL, FL 00000

TITLE Secretary/Director ☐ Change ☐ Addition
NAME THORPE, JANE
STREET ADDRESS 9800 W Bay Harbor Dr, Bay Harbor
CITY-ST-ZIP Isls., FL 33154

TITLE SD ☐ Delete
NAME THORPE, JANE
STREET ADDRESS 9800 W BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISL FL

TITLE Treasurer/ Director ☐ Change ☐ Addition
NAME CAMPGLIA, MURIEL
STREET ADDRESS 9800 W Bay Harbor Dr
CITY-ST-ZIP Bay Harbor Isls., FL 33154

TITLE TD ☒ Delete
NAME SHAW, EDITH
STREET ADDRESS 9800 W BAY HARBOR RD
CITY-ST-ZIP BAY HARBOR FL

TITLE Director ☐ Change ☐ Addition
NAME CARMELL, ARTHUR, 9800 W Bay Harbo
STREET ADDRESS Bay Harbor Isls., FL 33154

TITLE D ☒ Delete
NAME TAYLOR, RITA
STREET ADDRESS 9800 W BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLANDS FL

TITLE Director ☐ Change ☐ Addition
NAME GORMAN, BETSYE, 9800 W Bay Harbor
STREET ADDRESS Bay Harbor Isls, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane K. Thorpe

1-22-2000

(305) 868-5166

Date

Daytime Phone #

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90025 027 ****61.25

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DO NOT WRITE IN THIS SPACE