

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725145

1. Entity Name

GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90064 027 ****61.25

0041047

Principal Place of Business

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

Mailing Address

IUM, INC
9800 WEST BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154

00037223



DO NOT WRITE IN THIS SPACE

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

DE LA CAMARA, ROSA M
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR., STE. 100
MIAMI FL 33126

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.

SIGNATURE

Rosa De La Camera

4/10/01

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
CARMELL, ARTHUR
9800 W. BAY HARBOR DR.
BAY HARBOR ISL. FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
President
Stephanie G. Martino
4800 W. Bay Harbor Dr #209
Bay Harbor, FL FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
VPD
PETERSON, EVE
9800 W. BAY HARBOR DR.
BAY HARBOR ISL. FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
RD
Rita Taylor
4800 W. Bay Harbor Dr. #209
Bay Harbor Isl, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
SD
THORPE, JANE
9800 W. BAY HARBOR DR.
BAY HARBOR ISL. FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
Miguel Rodriquez
9800 W. Bay Harbor Dr.
Bay Harbor, FL, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
A
CAMRGLIA, MURIEL
9800 W. BAY HARBOR DR.
BAY HARBOR ISL. FL 33154

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
D
CARMELL, ARHTUR
9800 W. BAY HARBOR DR.
BAY HARBOR ISL. FL 33154

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
D
GORMAN, BETSYE
9800 W. BAY HARBOR DR.
BAY HARBOR ISL. FL 33154

TITLE
NAME
STREET ADDRESS
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:

Stephanie G. Martino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)