2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90024 023 ****61.25

DOCUMENT # 725145

1. Entity Name
GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.

24019928

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

01262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o DCI	c/o DCI Association Services
Suite, Apt. #, etc.: 2035 Harding St., Ste 200	Suite, Apt. #, etc.: 2035 Harding St., Ste 200
City & State: Hollywood, FL 33020	City & State: Hollywood, FL 33020
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
TAYLOR, RITA 9800 W BAY HARBOR DRIVE BAY HARBOR, FL 33154	Name: Andrew Meyrowitz Street Address (P.O. Box Number is Not Acceptable): c/o DCI Association Services 2035 Harding Street, Suite 200 City: Hollywood **FL** Zip Code: 33020

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR, RITA 9800 W BAY HARBOR DRIVE BAY HARBOR I, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Valderrama, Luis 9800 W. Bay Harbor Drive #307 Bay Harbor Islands, FL 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PETERSON, ERIC 9800 W. BAY HARBOR DR. BAY HARBOR ISL., FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Peterson, Eve 9800 W. Bay Harbor Drive #602 Bay Harbor Islands, FL 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SICA, ELEANOR 9800 W. BAY HARBOR DR. BAY HARBOR ISL., FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Martino-Rizzi, Stephanie 9800 W. Bay Harbor Drive #702 Bay Harbor Islands, FL 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THORPE, JANE 9800 W. BAY HARBOR DR. BAY HARBOR ISL., FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Thorpe, Jane 9800 W. Bay Harbor Drive #702 Bay Harbor Islands, FL 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOCKART, DELORES 9800 W BAY HARBOR DRIVE # 209 BAY HARBOR ISLAND, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lockert, Delores 9800 W. Bay HarborDrive #511 Bay Harbor Islands, FL 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Foster, Lois 9800 W. Bay Harbor Drive #505 Bay Harbor Islands, FL 33154	☐ 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: _____ Pres. 3/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

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PAGE TWO OF TWO

Attachment

24019928

[redacted]

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE D NAME Sapolsky, Ruth STREET ADDRESS 9800 W. Bay Harbor Drive #504 CITY-ST-ZIP Bay Harbor Islands, FL 33154 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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SIGNATURE: [signature] 3/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #