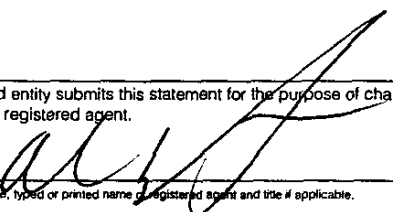


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

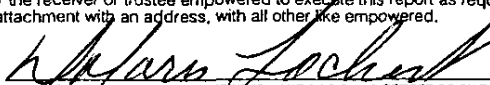
FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90024 023 ****61.25

DOCUMENT # 725145 1. Entity Name GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.			
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	
2. Principal Place of Business c/o DCI Suite, Apt. #, etc. 2035 Harding St., Ste 200 City & State Hollywood, FL 33020 Zip Country		3. Mailing Address c/o DCI Association Services Suite, Apt. #, etc. 2035 Harding St., Ste 200 City & State Hollywood, FL 33020 Zip Country	
		24019928 	
		01262004 Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-1493899	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, RITA 9800 W BAY HARBOR DRIVE BAY HARBOR, FL 33154		7. Name and Address of New Registered Agent 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  (NOTE: Registered Agent signature required when reinstating) DATE			
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	PD TAYLOR, RITA ☒ Delete	TITLE	D Valderrama, Luis ☐ Change ☒ Addition
NAME	TAYLOR, RITA	NAME	Valderrama, Luis
STREET ADDRESS	9800 W BAY HARBOR DRIVE	STREET ADDRESS	9800 W. Bay Harbor Drive #307
CITY-ST-ZIP	BAY HARBOR I, FL 33154	CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	VPD ☒ Delete	TITLE	VPD ☐ Change ☒ Addition
NAME	PETERSON, ERIC	NAME	Peterson, Eve
STREET ADDRESS	9800 W. BAY HARBOR DR.	STREET ADDRESS	9800 W. Bay Harbor Drive #602
CITY-ST-ZIP	BAY HARBOR ISL., FL 33154	CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	TD ☒ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	SICA, ELEANOR	NAME	Martino-Rizzi, Stephanie
STREET ADDRESS	9800 W. BAY HARBOR DR.	STREET ADDRESS	9800 W. Bay Harbor Drive #702
CITY-ST-ZIP	BAY HARBOR ISL., FL 33154	CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	SD ☐ Delete	TITLE	SD ☒ Change ☐ Addition
NAME	THORPE, JANE	NAME	Thorpe, Jane
STREET ADDRESS	9800 W. BAY HARBOR DR.	STREET ADDRESS	9800 W. Bay Harbor Drive #702
CITY-ST-ZIP	BAY HARBOR ISL., FL 33154	CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	LOCKART, DELORES	NAME	Lockert, Delores
STREET ADDRESS	9800 W BAY HARBOR DRIVE # 209	STREET ADDRESS	9800 W. Bay Harbor Drive #511
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Foster, Lois
STREET ADDRESS		STREET ADDRESS	9800 W. Bay Harbor Drive #505
CITY-ST-ZIP		CITY-ST-ZIP	Bay Harbor Islands, 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:  (3/8/04)			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Attachment

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 725145			
1. Entity Name GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.		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		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address SEE PAGE ONE	
City & State		City & State	
Zip	Country	Zip	Country
01262004 Chg-NP		CR2E037 (10/03)	
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 TAYLOR, RITA 9800 W BAY HARBOR DRIVE BAY HARBOR, FL 33154		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sapolsky, Ruth ☐ Change ☒ Addition 9800 W. Bay Harbor Drive #504 Bay Harbor Islands, FL 33154
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: 		Date: 3/8/04 Daytime Phone #	