

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90069 028 ****61.25

DOCUMENT # 725145 1. Entity Name GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.					
Principal Place of Business C/O DCI 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020 US			Mailing Address C/O DCI 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1493899	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYROWITZ, ANDREW C/O DCI ASSOCIATION SERVICES 2035 HARDING STREET, SUITE 200 HOLLYWOOD, FL 33020			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D VALDERRAMA, LUIS 9800 W BAY HARBOR DRIVE, #307 BAY HARBOR I, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POST, RITA 9800 W. BAY HARBOR DRIVE #510 BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETERSON, EVE 9800 W BAY HARBOR DRIVE, #602 BAY HARBOR ISL., FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPAGLIA, MURIEL 9800 W. BAY HARBOR DRIVE #203 BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINO-RIZZI, STEPHANIE 9800 W BAY HARBOR DRIVE, #702 BAY HARBOR ISL., FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPOLSKY, RUTH 9800 W. BAY HARBOR DRIVE #504 BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THORPE, JANE 9800 W BAY HARBOR DRIVE, #702 BAY HARBOR ISL., FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKART, DELORES 9800 W BAY HARBOR DRIVE, #511 BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKART, DELORES 9800 W. BAY HARBOR DRIVE #511 BAY HARBOR ISLANDS, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, LOIS 9800 W BAY HARBOR DRIVE, #505 BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOSTER, LOIS 9800 W. BAY HARBOR DRIVE #505 BAY HARBOR ISLANDS, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: _____ 4/14/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

03/11/2005

ATTACHMENT
#725145

40057323

Property #280
72 Units
1/05

Guildford House
of Bay Harbor Condominium, Inc.
9800 West Bay Harbor Drive
Bay Harbor Islands, FL 33154
phone/fax 305-861-5886

BOARD OF DIRECTORS LIST

(all addresses: 9800 W. Bay Harbor Drive, Bay Harbor Islands, Florida
33154)

President	Rita Post	Unit 510	305-866-6137
Vice President	Muriel Campaglia	Unit 203	305-868-5049
Secretary	Jane Thorpe	Unit 702	305-868-5166 <u>JSZKThorpe@aol.com</u>
Treasurer	Lois Foster	Unit 505	305-867-8833 <u>grovin@the-beach.net</u>
Director	Delores Lockert	Unit 403	305-868-1840 786-457-3497 © 305-861-5886 off.
Director	Ruth Sapolsky	Unit 504	305-866-8398
Director	Luis F. Valderrama	Unit 307	305-993-6466 <u>Lipe@aol.com</u>

Insurance

Combined Underwriters
7950 NW 53rd Street, Suite 201
Miami, FL 33166
Phone (305) 477-0444
Fax: (305) 599-2343
Aida E. Carrillo
cominsur@bellsouth.net

Attorney

Marc Kuperman
Offices at Pinecrest
7695 SW 104th Street
Suite 210
Miami, FL 33156
305-663-3333
305-662-8787 fax

Directions to Property :

A1A South- Right onto Kane Concourse (96th Street) – Right onto West
Bay Harbor Drive