

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90064 029 ****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			
Zip	Country	Zip	Country	4. FEI Number 59-1493899	
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		
			State 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, 2006		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	Director Sapolsky, Ruth 9800 W. Bay Harbor Drive, # 504 Bay Harbor Islands, Florida 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POST, RITA 9800 W BAY HARBOR DRIVE #510 BAY HARBOR ISL., FL 33154 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jimenez, Caesar 9800 W. Bay Harbor Drive, # 308 Bay Harbor Islands, Florida 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPAGLIA, MURIEL 9800 W BAY HARBOR DRIVE #203 BAY HARBOR ISL., FL 33154 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Englander, Judith 9800 W. Bay Harbor Drive, # 502 Bay Harbor Islands, Florida 33154 <input checked="" type="checkbox"/> Change <input 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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Aldabe, Emmanuel 9800 W. Bay Harbor Drive, #710 Bay Harbor Islands, Florida 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKERT, DELORES 9800 W BAY HARBOR DRIVE, #511 BAY HARBOR ISLAND, FL 33154 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Corral, Elena 9800 W. Bay Harbor Drive, #304 Bay Harbor Islands, Florida 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer London, Yvonne N. 9800 W. Bay Harbor Drive, #609 Bay Harbor Islands, Florida 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 exemptions contained in Chapter 119, 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			Date 3/2/06 (305) 865-7464 Daytime Phone #		