


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90053 005 \*\*\*\*61.25

<b>DOCUMENT # 725145</b>					
<b>1. Entity Name</b> GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM INC.					
<b>Principal Place of Business</b> GUILDFORD HOUSE OF BAY HARBOR 9800 W. BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154 US			<b>Mailing Address</b> GUILDFORD HOUSE OF BAY HARBOR 9800 W. BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01142008 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 59-1493899				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
YAFFE, ROBERT H 12000 BISCAYNE BLVD, #803 NORTH MIAMI, FL 33181			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D SAPOLSKY, RUTH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9800 W. BAY HARBOR DR., #504		NAME		
STREET ADDRESS	BAY HARBOR I, FL 33154		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P MARTINO-RIZZI, STEPHANIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9800 W. BAY HARBOR DR., #209		NAME		
STREET ADDRESS	BAY HARBOR ISL., FL 33154		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ENGLANDER, JUDITH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9800 W. BAY HARBOR DR., #502		NAME		
STREET ADDRESS	BAY HARBOR ISL., FL 33154		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S THOMPSON, STEVE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9800 W. BAY HARBOR DR., #508		NAME		
STREET ADDRESS	BAY HARBOR ISL., FL 33154		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP CORRAL, ELENA <input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	9800 W. BAY HARBOR DR., #304		NAME	Rita Post	
STREET ADDRESS	BAY HARBOR ISLAND, FL 33154		STREET ADDRESS	9800 W. Bay Harbor Dr #510	
CITY-ST-ZIP			CITY-ST-ZIP	Bay Harbor Islands, FL 33154	
TITLE	T LONDON, YVONNE N <input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9800 W. BAY HARBOR DR., #609		NAME	London Yvonne N.	
STREET ADDRESS	BAY HARBOR ISLANDS, FL 33154		STREET ADDRESS	9800 W. Bay Harbor Dr #609	
CITY-ST-ZIP			CITY-ST-ZIP	Bay Harbor Islands, FL 33154	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 1/17/08 Daytime Phone #: 305-861-5886		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					