2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 735669

1. Entity Name
BAY ISLES HARBOR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2262 GULF GATE DRIVE SARASOTA, FL 34231	2262 GULF GATE DRIVE SARASOTA, FL 34231

03312004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1685117
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JURGENS, RON
1560 HARBOR SOUND DR.
LONGBOAT KEY, FL 34228

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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

U00000132564
04/27/04-80053-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JURGENS, RON
STREET ADDRESS	1560 HARBOR SOUND DR.
CITY-ST-ZIP	LONGBOAT KEY, FL
TITLE	VDP
NAME	ALBIEZ, ROBERT
STREET ADDRESS	520 HARBOR COVE CIRCLE
CITY-ST-ZIP	LONGBOAT KEY, FL
TITLE	TD
NAME	WOLFENDALE, MARK
STREET ADDRESS	510 HARBOR COVE CIR
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	SD
NAME	WATSON, MARTIN
STREET ADDRESS	531 HARBOR GATE WAY
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	SD
NAME	NOTARI, TERRY
STREET ADDRESS	1600 HARBOR CAY LANE
CITY-ST-ZIP	LONGBOAT KEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #