

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90042 034 \*\*\*\*61.25

**DOCUMENT # 735669**

1. Entity Name  
**BAY ISLES HARBOR ASSOCIATION, INC.**



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

Mailing Address  
**2262 GULF GATE DRIVE  
SARASOTA, FL 34231**

40093661



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1685117**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006**

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 ☐ Delete  
NAME JURGENS, RON  
STREET ADDRESS 1560 HARBOR SOUND DR.  
CITY-ST-ZIP LONGBOAT KEY, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VDP ☒ Delete  
NAME ALBIEZ, ROBERT  
STREET ADDRESS 520 HARBOR COVE CIRCLE  
CITY-ST-ZIP LONGBOAT KEY, FL

TITLE TD ☐ Change ☒ Addition  
NAME Baierlein, Richard  
STREET ADDRESS 501 Harbor Gate Way  
CITY-ST-ZIP Longboat Key, FL 34228

TITLE TD ☒ Delete  
NAME WOLFENDALE, MARK  
STREET ADDRESS 510 HARBOR COVE CIR  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE SD ☐ Change ☒ Addition  
NAME Kovacic, Charles  
STREET ADDRESS 1591 Harbor Cay Lane  
CITY-ST-ZIP Longboat Key, FL 34228

TITLE SD ☐ Delete  
NAME WATSON, MARTIN  
STREET ADDRESS 531 HARBOR GATE WAY  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE VDP ☒ Change ☐ Addition  
NAME Watson, Martin  
STREET ADDRESS 550 Harbor Point Road  
CITY-ST-ZIP Longboat Key, FL 34228

TITLE SD ☐ Delete  
NAME NOTARI, TERRY  
STREET ADDRESS 1600 HARBOR CAY LANE  
CITY-ST-ZIP LONGBOAT KEY, FL

TITLE VDP ☒ Change ☐ Addition  
NAME Notari, Terry  
STREET ADDRESS 1600 Harbor Cay Lane  
CITY-ST-ZIP Longboat Key, FL 34228

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Daytime Phone #