

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740475

FILED  
Mar 23, 2006  
Secretary of State

Entity Name: BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3366 N KEY DR  
NORTH FT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BENSON'S INC  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US

**New Mailing Address:**

FEI Number: 59-1639672      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENSON, MARK R  
C/O BENSON'S INC  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALTER, KATHLEEN  
Address: 3354 NORTH KEY DRIVE, #F8  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD ( ) Delete  
Name: DEXTER, LINCOLN  
Address: 3386 N KEY DR #4  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD ( ) Delete  
Name: INNOCENTI, VINCENT  
Address: 3386 N KEY DR #8  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: LEET, WILLIAM  
Address: 337 N KEY DR #2  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: LEONE, MICHAEL  
Address: 3374 N KEY DR #5  
City-St-Zip: NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: INNOCENTI, VINCENT  
Address: 3386 N KEY DR #8  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD (X) Change ( ) Addition  
Name: ZASTROW, LOIS  
Address: 3368 N KEY DR #E-2  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Change ( ) Addition  
Name: ADAMS, THEODORE  
Address: 3384 N KEY DR #A-7  
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN WALTER

PRES

03/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date