2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Apr 27, 2007 Secretary of State **DOCUMENT# 740475**

Entity Name: BAY HARBOR CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3366 N KEY DR NORTH FT MYERS, FL 33903 **Current Mailing Address: New Mailing Address:** C/O BENSON'S INC C/O SILVERCRESTED MGT INC 12650 WHITEHALL DR P. O. BOX 1848 FORT MYERS, FL 33907 US FORT MYERS, FL 33902 FEI Number: 59-1639672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BENSON, MARK R SILVERCRESTED MGT INC C/O BENSON'S INC 3440 MARINATOWN LANE 12650 WHITEHALL DR 203 FORT MYERS, FL 33907 US FORT MYERS, FL 33903 US 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: LEE J VAN TILBURG 04/27/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WALTER, KATHLEEN Name: Name: 3354 NORTH KEY DRIVE, #F8 Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: Title: PD () Delete Title: () Change () Addition BLUME, KENNETH Name: Name: Address: 3360 NORTH KEY DRIVE #F-5 Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: Title: () Delete Title: () Change () Addition COULTHARD, MARY ANN Name: Name: 3366 NORTH KEY DRIVE #E-7 Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: () Delete Title: VD Title: () Change () Addition Name: CREMEANS, STEPHEN Name: 3392 NORTH KEY DR #B-3 Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KENNETH BLUME PD 04/27/2007

() Delete

NORTH FORT MYERS, FL 33903

ADAMS, THEODORE

3384 N KEY DR #A-7

Title:

Name:

Address:

City-St-Zip:

() Change () Addition