


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90016 021 ****70.50

DOCUMENT # 745898	
1. Entity Name BAY ISLE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9551 E BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154	Mailing Address 9551 E BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154
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DO NOT WRITE IN THIS SPACE

40094808



04102007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-1974578	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAUBER, IRWIN E 9551 E BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154

DO NOT WRITE IN THIS SPACE

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.

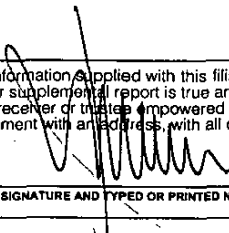
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TAUBER, IRWIN 9551 E BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAUBER, LAURA 9551 E BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **4/17/07** **3058618181**

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