


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

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



03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1974578	Applied For Not Applicable
5. Certificate of Status Desired <input 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 _____
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, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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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04/23/08-80008-003 61.25

**DO NOT WRITE
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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: 04/09/08 Daytime Phone # _____