


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747070 (1)**

1. Corporation Name  
**CLUB OF BAY HARBOR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1120 99 STREET BAY HARBOR ISLAND FL 33154</b>	Mailing Address <b>1120 99 STREET BAY HARBOR ISLAND FL 33154</b>
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3. Date Incorporated or Qualified <b>05/07/1979</b>		
4. FEI Number <b>59-1848743</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**LERNER, MURRAY  
1120-99TH STREET  
BAY HARBOR ISLAND FL 33154**

10. Name and Address of New Registered Agent

81. Name **Bertram Neiterman**

82. Street Address (P.O. Box Number is Not Acceptable)

83. **1120 99th St. #502**

84. City **Bay Harbor Islands, FL** 85. Zip Code **33154**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Bertram Neiterman* **Bertram Neiterman, Pres, Dir. 1/27/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER, MURRAY	1.2 NAME	Neiterman, Bertram
STREET ADDRESS	1120 99 ST	1.3 STREET ADDRESS	1120 99th St. #502
CITY-ST-ZIP	BAY HRBR ISLANDS FL	1.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEITERMAN, BERTRAM	2.2 NAME	Carlos Torres
STREET ADDRESS	1120 99 ST	2.3 STREET ADDRESS	1120 99 ST #402
CITY-ST-ZIP	BAY HRBR ISLANDS FL	2.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, A. BERTRAM	3.2 NAME	A. Bertram Miller
STREET ADDRESS	1120 99 ST.	3.3 STREET ADDRESS	1120 99 ST #203
CITY-ST-ZIP	BAY HRBR ISLANDS FL	3.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, HILDA	4.2 NAME	Sarah Puchelt
STREET ADDRESS	1120 99 STREET	4.3 STREET ADDRESS	1120 99 ST. #303
CITY-ST-ZIP	BAY HRBR ISLANDS FL	4.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Lillian Klein
STREET ADDRESS		5.3 STREET ADDRESS	1120 99 ST #404
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bertram Miller*, Bertram Miller, Treas. 1/27/98 305-866-6650

CR2E037 (10/97)