

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90045 045 ****61.25

DOCUMENT # 747070

1. Entity Name

CLUB OF BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1120 99 STREET
 BAY HARBOR ISLAND FL 33154

1120 99 STREET
 BAY HARBOR ISLAND FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1948743

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEITERMAN, BERTRAM
1120 99TH ST
#502
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: **PD** Delete
 NAME: **NEITERMAN, BERTRAM**
 STREET ADDRESS: **1120 99TH ST, #502**
 CITY-ST-ZIP: **BAY HRBR ISLANDS FL 33154**

TITLE: **VD** Delete
 NAME: **TORRES, CARLOS**
 STREET ADDRESS: **1120 99TH ST, #402**
 CITY-ST-ZIP: **BAY HRBR ISLANDS FL 33154**

TITLE: **D** Delete
 NAME: **RODRIGUEZ, BERTHA**
 STREET ADDRESS: **1120 99TH ST, #304**
 CITY-ST-ZIP: **BAY HRBR ISLANDS FL 33154**

TITLE: Delete
 NAME: ~~**MILLER, ANTHONY B**~~
 STREET ADDRESS: ~~**1120 99TH ST, #203**~~
 CITY-ST-ZIP: ~~**BAY HRBR ISLANDS FL 33154**~~

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **(same)** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: **VD and T** Change Addition
 NAME: **Torres, Carlos**
 STREET ADDRESS: **1120 99th St #402**
 CITY-ST-ZIP: **Bay Harbor Islands, FL 33154**

TITLE: **(same)** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: **delete** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

12. 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 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: *Carlos Torres*

4/30/01 (copy) 868-7094

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE