
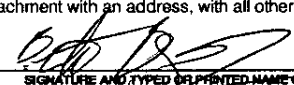


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90009 022 ****70.00

DOCUMENT # 747070			
1. Entity Name CLUB OF BAY HARBOR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1120 99 STREET BAY HARBOR ISLAND, FL 33154		Mailing Address 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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NEITERMAN, BERTRAM 1120 99TH ST #502 BAY HARBOR ISLANDS, FL 33154		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. 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, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, ANA M	NAME	BORGES BERTA
STREET ADDRESS	1120 99TH #205	STREET ADDRESS	1120 99TH #201
CITY-ST-ZIP	BAY HRBR ISLANDS, FL 33154	CITY-ST-ZIP	BAY HARBOR IS FL 33154
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENRENDT, ROBERTA	NAME	
STREET ADDRESS	1120 99TH #501	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORAN, SOFIA	NAME	BENRENDT, ROBERTO
STREET ADDRESS	1120 99TH #201	STREET ADDRESS	1120 99TH #501
CITY-ST-ZIP	BAY HARBOR IS, FL 33154	CITY-ST-ZIP	BAY HARBOR IS FL 33154
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, ANA M	NAME	BORGES, BERTA
STREET ADDRESS	1120 99TH ST #205	STREET ADDRESS	1120 99TH #201
CITY-ST-ZIP	BAY HARBOR IS, FL 33154	CITY-ST-ZIP	BAY HARBOR IS FL 33154
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANALLI, YANCI	NAME	
STREET ADDRESS	1120 99TH ST #206	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR IS, FL 33154	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 2-16-04 Daytime Phone #: 305 984-9443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	