


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

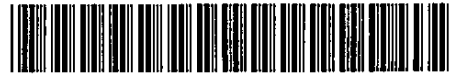
04-06-2005 90212 001 ****45.00
 04-06-2005 90212 002 ****61.25

DOCUMENT # 747070
 1. Entity Name
CLUB OF BAY HARBOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1120 99 STREET 1120 99 STREET
 BAY HARBOR ISLAND FL 33154 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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
NEITERMAN, BERTRAM
1120 99TH ST
#502
BAY HARBOR ISLANDS FL 33154

4. FEI Number **59-1948743** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *B. B. Torres* DATE **3/28/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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 type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BORGES, BERTA | NAME | |
| STREET ADDRESS | 1120 99TH #201 | STREET ADDRESS | |
| CITY-ST-ZIP | BAY HRBR ISLANDS FL 33154 | CITY-ST-ZIP | |
| 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 type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENRENDT, ROBERTO | NAME | |
| STREET ADDRESS | 1120 99TH #501 | STREET ADDRESS | |
| CITY-ST-ZIP | BAY HARBOR IS FL 33154 | CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BORGES, BERTA | NAME | |
| STREET ADDRESS | 1120 99TH #201 | STREET ADDRESS | |
| CITY-ST-ZIP | BAY HARBOR IS FL 33154 | CITY-ST-ZIP | |
| TITLE | D <input checked="" 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: *B. B. Torres* DATE: **3/28/05** DAYTIME PHONE #: **305-984-9443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR