

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

2/1

02-10-2003 90452 014 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1948743**  
Applied For  
Not Applicable

Zip Country Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>NEITERMAN, BERTRAM</b>	
STREET ADDRESS <b>1120 99TH ST, #502</b>	
CITY-ST-ZIP <b>BAY HRBR ISLANDS FL 33154</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>TORRES, CARLOS</b>	
STREET ADDRESS <b>1120 99TH ST, #402</b>	
CITY-ST-ZIP <b>BAY HARBOR ISLANDS FL 33154</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete
NAME <b>FISHER, STEPHANY</b>	
STREET ADDRESS <b>1120 99TH ST #504</b>	
CITY-ST-ZIP <b>BAY HARBOR IS FL 33154</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>SOTO, ANA M</b>	
STREET ADDRESS <b>1120 99TH ST #205</b>	
CITY-ST-ZIP <b>BAY HARBOR IS FL 33154</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>RANALLI, YANCY</b>	
STREET ADDRESS <b>1120 99TH ST #208</b>	
CITY-ST-ZIP <b>BAY HARBOR IS FL 33154</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOTO ANA M.</b>	
STREET ADDRESS <b>1120 99TH #205</b>	
CITY-ST-ZIP <b>BAY HARBOR IS FL 33154</b>	
TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BEHRENDT, ROBERTA</b>	
STREET ADDRESS <b>1120 99TH #501</b>	
CITY-ST-ZIP <b>BAY HARBOR IS, FL 33154</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LORAN, SOFIA</b>	
STREET ADDRESS <b>1120 99TH #201</b>	
CITY-ST-ZIP <b>BAY HARBOR IS, FL 33154</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RANALLI YANCI</b>	
STREET ADDRESS <b>1120 99ST #206</b>	
CITY-ST-ZIP <b>BAY HARBOR IS, FL 33154</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **SIGNATURE OF REGISTERED AGENT**

Date **02/04/03** Daytime Phone # **(305) 861-1369**

CR2E037 (10/02)