


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

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90050 014 ****70.00

DOCUMENT # 757200 1. Entity Name BAY HARBOR TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business BAY HARBOR ISLAND 10080 BAY HARBOR TERR MIAMI FL 33154 US		Mailing Address BAY HARBOR ISLAND 10080 BAY HARBOR TERR MIAMI FL 33154 US	
2. Principal Place of Business <i>10080 Bay Harbor Terr</i>		3. Mailing Address <i>10080 Bay Harbor Terr</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Bay Harbor FL</i>		City & State <i>Bay Harbor FL</i>	
Zip <i>33154</i>		Zip <i>33154</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent TREMAINE, ALBERTA 10080 BAY HARBOR TERR BAY HARBOR FL 33154		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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: <i>Alberta Tremaine</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	P TREMAINE, ALBERTA 10080 BAY HARBOR TERRACE BAL HARBOUR FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIDING, S 10090 BAY HARBOR TERRACE BAY HARBOR FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, VRI 10090 BAY HARBOR BAY HARBOR FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PRULIS, ALLEN 10086 BAY HARBOR TERRACE BAY HARBOR FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete



1st MOORE CR2E037 (10/04)

4. FEI Number **37-0487157** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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: *Alberta Tremaine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #