2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 762689

Entity Name: BAY HARBOR CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9000 COMMODORE DR.
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

9000 COMMODORE DR.
SEMINOLE, FL 33776

New Mailing Address:

FEI Number: 59-2245005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: HOPKINSON, MARIAN
Address: 9000 COMMODORE DR #601
City-St-Zip: SEMINOLE, FL 33776

Title: TD ( ) Delete
Name: DOUGLAS, RAYMOND
Address: 9000 COMMODORE DR #604
City-St-Zip: SEMINOLE, FL 33776

Title: VD ( ) Delete
Name: ALVAREZ, DEBBIE
Address: 900 COMMODORE DR #204
City-St-Zip: SEMINOLE, FL 33776

Title: PD ( ) Delete
Name: MARASCIO, MIKE
Address: 9000 COMMODORE DR #607
City-St-Zip: SEMINOLE, FL 33776

Title: DS ( ) Delete
Name: CAMPBELL, JOHN
Address: 9000 COMMODORE DR #603
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MARASCIO PD 01/28/2009

Electronic Signature of Signing Officer or Director — Date