

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90042 040 \*\*\*\*61.25

**DOCUMENT # 812755**

1. Entity Name

BAY HARBOR CONTINENTAL INC



Principal Place of Business

Mailing Address

1135-103RD ST BAY HARBOR ISLAND  
BAY HARBOR ISLAND FL 33154  
US

1135-103RD ST BAY HARBOR ISLAND  
BAY HARBOR ISLANDS FL 33154  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0855554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINSTEIN, KATHLEEN M  
1135 103 STREET  
A4  
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

*James M. Huggins*

1/18/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 V ☐ Delete  
NAME LEZAMA, LOUIS F  
STREET ADDRESS 1135 103RD STREET APT. F3  
CITY ST ZIP BAY HARBOR ISLANDS FL 33154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE S ☒ Delete  
NAME CAWLEY, PATRICIA A  
STREET ADDRESS 1135 103RD STREET APT A3  
CITY ST ZIP BAY HARBOR ISL FL 33154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☐ Delete  
NAME HARTMAN, MICHAEL  
STREET ADDRESS 1135 103 STREET APT D2  
CITY ST ZIP BAY HARBOR ISLAND FL 33154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE TD ☐ Delete  
NAME GRIFFITH, FRANCES  
STREET ADDRESS 1135 103RD STREET APT D3  
CITY ST ZIP BAY HARBOR ISL FL 33154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☐ Delete  
NAME MOLINA, MARINO  
STREET ADDRESS 1135 103RD STREET  
CITY ST ZIP BAY HARBOR ISL FL 33154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☒ Delete  
NAME KIRKSEY, LEONOR  
STREET ADDRESS 1135 103 STREET APT F5  
CITY ST ZIP MIAMI BEACH FL 33154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*James M. Huggins*

1/18/07

305 866 0442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #