


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90071 011 ****61.25

DOCUMENT # 812755					
1. Entity Name BAY HARBOR CONTINENTAL INC					
Principal Place of Business 1135-103RD ST BAY HARBOR ISLAND BAY HARBOR ISLAND FL 33154 US			Mailing Address 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEINSTEIN, KATHLEEN M 1135 103 STREET A4 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 <i>Kathleen Weinstein Pres.</i>				DATE <i>2-11-08</i>	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008				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					
TITLE	V	LEZAMA, LOUIS F	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME		1135 103RD STREET APT. F3		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		BAY HARBOR ISLANDS FL 33154			
CITY-ST-ZIP					
TITLE	D	HARTMAN, MICHAEL V.P	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1135 103 STREET APT D2			
STREET ADDRESS		BAY HARBOR ISLAND FL 33154			
CITY-ST-ZIP					
TITLE	D	GRIFFITH, FRANCES	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1135 103RD STREET APT D3			
STREET ADDRESS		BAY HARBOR ISL FL 33154			
CITY-ST-ZIP					
TITLE	D	MOLINA, MARINO	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1135 103RD STREET			
STREET ADDRESS		BAY HARBOR ISL FL 33154			
CITY-ST-ZIP					
TITLE	D	KOSTER, JEFF	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1135 103 ST.			
STREET ADDRESS		BAY HARBOR FL 33154			
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete	<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 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: *Kathleen Weinstein Pres. 2/13/08 Kathleen Weinstein Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #