


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90061 021 ****61.25

DOCUMENT # N01000003708							
1. Entity Name ISLAND PLACE AT BAY HARBOR CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 9721 E BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154			Mailing Address C/O COMPLETE PROPERTY MANAGEMENT P.O. BOX 402507 MIAMI BEACH, FL 33140				
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 65-1147723	Applied For Not Applicable		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
COMPLETE PROPERTY MANAGEMENT 3550 BISCAYNE BLVD. SUITE 401 MIAMI, FL 33137			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2007		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	DD	<input type="checkbox"/> Delete	TITLE	TS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, ELAINE		NAME	DAVIS, ELAINE			
STREET ADDRESS	9721 E BAY HARBOR DR PH		STREET ADDRESS	9721 E. BAY HARBOR DR. PH.			
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154.			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEXTON, RUSSELL		NAME	SEXTON RUSSELL			
STREET ADDRESS	9721 E BAY HARBOR DR		STREET ADDRESS	9721 E. BAY HARBOR DR.			
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154			
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUSSMAN LIONEL		NAME				
STREET ADDRESS	9721 E BAY HARBOR DR		STREET ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP				
TITLE	SEC/D	<input type="checkbox"/> Delete	TITLE	SEC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LOVETT PENNY		NAME	LOVETT PENNY			
STREET ADDRESS	9721 E BAY HARBOR DR.		STREET ADDRESS	9721 E. BAY HARBOR DR.			
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154			
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CASTANHO CESAR		NAME	CASTANHO CESAR			
STREET ADDRESS	9721 E. BAY HARBOR DR.		STREET ADDRESS	9721 E. BAY HARBOR DR.			
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Penny Lovett</u>		Date: <u>2/13/07</u>		Daytime Phone #: <u>305-308-3352</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

