



# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N01000003708</b> 1. Entity Name <b>ISLAND PLACE AT BAY HARBOR CONDOMINIUM ASSOCIATION, INC.</b>						<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>FILED</b>  <b>07 DEC 11 2:45</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>					
Principal Place of Business <b>9721 E BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154</b>			Mailing Address <b>C/O COMPLETE PROPERTY MANAGEMENT P.O. BOX 402507 MIAMI BEACH, FL 33140</b>								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		11292007 Chg-NP CR2E037 (12/06)		4. FEI Number <b>65-1147723</b>		Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent			
City & State		City & State		City & State		City & State		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		Zip Code <b>FL</b>	
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>											
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME		DAVIS, ELAINE <input type="checkbox"/> Delete				TITLE NAME		VP/D DAVIS, ELAINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 NAME		PD SEXTON, RUSSELL <input checked="" type="checkbox"/> Delete				TITLE NAME		P/D LOREYNE ALICEA <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		9721 E BAY HARBOR DR				STREET ADDRESS		9721 E. BAY HARBOR DR. G-C			
CITY-ST-ZIP		BAY HARBOR ISLANDS, FL 33154				CITY-ST-ZIP		BAY HARBOR ISLANDS, FL 33154			
TITLE NAME		SD LOVETT, PENNY <input type="checkbox"/> Delete				TITLE NAME		T MARYLNN LOVETT, PENNY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		9721 E BAYHARBOR DR				STREET ADDRESS		9721 E. BAYHARBOR DR. 5-E			
CITY-ST-ZIP		BAY HARBOR ISLANDS, FL 33154				CITY-ST-ZIP		BAY HARBOR ISLANDS, FL 33154			
TITLE NAME		VPD CASTANHO, CESAR <input checked="" type="checkbox"/> Delete				TITLE NAME		S/D KATHLEEN KENNEDY <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		9721 E BAY HARBOR DR				STREET ADDRESS		9721 E. BAY HARBOR DR. 5-B			
CITY-ST-ZIP		MIAMI BEACH, FL 33154				CITY-ST-ZIP		BAY HARBOR ISLANDS, FL 33154			
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		<i>12/14</i>				STREET ADDRESS		900113218429			
CITY-ST-ZIP						CITY-ST-ZIP		12/18/07--01019--007 **\$61.25			
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____						Date: <i>12/7/2007</i>			Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											