


# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N01000003708**

1. Entity Name  
**ISLAND PLACE AT BAY HARBOR CONDOMINIUM ASSOCIATION, INC.**



FILED  
**09 JAN 13 AM 8:51**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 #  
 Suite, Apt. #, etc

3. Mailing Address  
 Suite, Apt. #, etc

12102008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**65-1147723**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GANGUZZA, JOSEPH H  
 ONE SOUTHEAST THIRD AVE.  
 MIAMI, FL 33131**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Amended AR is \$81.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, ELAINE P.O. BOX 402507 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOREYNE, ALICEA P.O. BOX 402507 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVETT, PENNY M P.O. BOX 402 507 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, KATHLEEN P.O. BOX 402507 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kennedy, Kathleen PO Box 402507 Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Caeger Castanho PO Box 402507 Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Loreyne, Alicea PO box 402507 Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Penny Lovett PO Box 402507 Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900140445329</b> <b>01/13/09--01006--016 ***81.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>CC 1/21</b>

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 empowerments.

**SIGNATURE:** \_\_\_\_\_ **12/10/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #