

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

DOCUMENT# N01000003708

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

**Current Principal Place of Business:**

9721 E BAY HARBOR DR  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COMPLETE PROPERTY MANAGEMENT  
P.O. BOX 402507  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 65-1147723      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: KENNEDY, KATHLEEN  
Address: P.O. BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD ( ) Delete  
Name: CAEGAR, CASTANHO  
Address: P.O. BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140

Title: T ( ) Delete  
Name: LOREYNE, ALICEA  
Address: P.O. BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD ( ) Delete  
Name: LOVETT, PENNY  
Address: P.O. BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KENNEDY, KATHLEEN  
Address: P.O. BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD (X) Change ( ) Addition  
Name: CAEGAR, CASTANHO  
Address: P.O. BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY HICKS

RA

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date