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03-27-2003 90101 028 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

0004444



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # N0100003708</b>					
1. Entity Name <b>ISLAND PLACE AT BAY HARBOR CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 9721 E BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154		Mailing Address P.O. BOX 65-1039 MIAMI, FL 33265			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1147723</b>	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent <b>JR GONZALEZ &amp; ASSOCIATES, INC 11936 SW 8TH ST MIAMI, FL 33184</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)

<b>FILE NOW FEES \$61.25</b>	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: PD NAME: POYASTRO, MIGUEL STREET ADDRESS: 9721 E BAY HARBOR DR CITY-ST-ZIP: BAY HARBOR ISLANDS, FL 33164 <input checked="" type="checkbox"/> Delete	TITLE: PD NAME: ELAINE R. DAVIS STREET ADDRESS: 9721 E. Bay Harbor Dr. PH CITY-ST-ZIP: Bay Harbor Islands, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VSD NAME: HERRAN, EMILIANO STREET ADDRESS: 9721 E BAY HARBOR DR CITY-ST-ZIP: BAY HARBOR ISLANDS, FL 33164 <input checked="" type="checkbox"/> Delete	TITLE: VSD NAME: CRAIG PRITCHARD STREET ADDRESS: 9721 E. Bay Harbor Dr. 3C CITY-ST-ZIP: Bay Harbor Islands, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: TD NAME: VALDEZ, ANGEL STREET ADDRESS: 9721 E BAY HARBOR DR CITY-ST-ZIP: BAY HARBOR ISLANDS, FL 33164 <input checked="" type="checkbox"/> Delete	TITLE: TD NAME: TAMAR BENNETTE STREET ADDRESS: 9721 E. BAY HARBOR DR 2A CITY-ST-ZIP: BAY HARBOR ISLANDS, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 other like empowered.

SIGNATURE: Elaine R. Davis ELAINE R. DAVIS      MAR 24 2003      305 861 6042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (10/02)