


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90024 050 ****61.25

DOCUMENT # N02000001894

1. Entity Name
BAY HARBOR ISLANDS CITIZENS COALITION, INC.



Principal Place of Business
 10140 WEST BAY HARBOR DRIVE
 # 201
 BAY HARBOR ISLANDS, FL 33154

Mailing Address
 10140 WEST BAY HARBOR DRIVE
 #201
 BAY HARBOR ISLANDS, FL 33154

40113251



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

08062008 Chg-NP CR2E037 (12/06)

4. FEI Number
75-3029828

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SILVER, JANICE D
 10140 WEST BAY HARBOR DRIVE
 UNIT 201
 BAY HARBOR ISLANDS, FL 33154

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 12, 2008

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 | PD LEONARD, JORDAN 10300 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD MARTINO-RIZZI, STEPHANIE 9800 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SILVER, JANICE 10140 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD SILVER, JANICE 10140 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 | <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 | PD Martino-Rizzi, Stephanie 9800 West Bay Harbor Dr. Bay Harbor Islands, FL 33154 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD Reid Kelly c/o BHI cc, 10140 West Bay Harbor Dr. Bay Harbor Islands, FL 33154 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Janice Silver Janice Silver August 6, 2008 305-744-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #