


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90037 018 ****61.25

DOCUMENT # N03000003367 1. Entity Name BAY HARBOUR OF ISLAMORADA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 101 GULFVIEW DR. ISLAMORADA, FL 33036			Mailing Address 670 S. MIRMELLI 100 SE 2ND STREET, STE 2650 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0666009	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIRMELLI, STEWART M ESQ 100 SE 2ND STREET, STE 2650 MIAMI, FL 33131				Name Marc A. Silverman Esq. Street Address (P.O. Box Number is Not Acceptable) 7805 SW 6th CT. FRANK, WEINBERG, BLACK, P.L. Plantation FL. FL 33324	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MIRMELLI, DEIRDRE 360 N. HIBISCUS MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TREAS. TIM ONNEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 101 GULFVIEW DR #306 ISLAMORADA FL 33036		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIRMELLI, SEAN 260 N. HIBISCUS MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. David Grolman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 101 GULFVIEW DR #204 ISLAMORADA, FL 33036		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SALERNO, GEORGE 101 GULFVIEW DRIVE, UNIT 107 ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Salerno, George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 GULFVIEW DR #107 ISLAMORADA FL 33036		
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		
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		
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		
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: _____		_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date		Daytime Phone #	

ATTACHMENT

40013509

THE LAW FIRM OF
FRANK • WEINBERG • BLACK, P.L.

JAY R. BESKIN
DAVID W. BLACK
STEVEN W. DEUTSCH
STEVEN C. ELKIN
NEIL G. FRANK
E. J. GENEROTTI
BRUCE HURWITZ
MICHAEL A. KAMMER
LEE F. LASRIS
JOEL MARTIN McTAGUE
SHAWN L. MICHAELSON
RANDY J. NATHAN
COLLEEN KATHRYN O'LOUGHLIN
CYNTHIA L. SHERR
MARC A. SILVERMAN
ROBERT T. SLATOFF
STEVEN A. WEINBERG

February 7, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

**RE: ANNUAL REPORT
BAY HARBOUR OF ISLAMORADA CONDOMINIUM
ASSOCIATION, INC.
Your Reference Number: N03000003367**

Dear Sir/Madam:

With respect to the above-referenced Corporation, enclosed herein please find the Annual Report and check for the sum of \$61.25. Upon processing of the Annual Report, kindly provide the undersigned, in addition to the Corporation, with written confirmation and acknowledgment of the changes made therein.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact us.

Sincerely,

FRANK, WEINBERG & BLACK, P.L.



MARC A. SILVERMAN

For the Firm

MAS/ms