


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90122 040 ****61.25

DOCUMENT # N04000002140		
1. Entity Name BAY HARBOR WEST ISLAND HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 1310 99TH ST. BAY HARBOR ISLANDS, FL 33154	Mailing Address 1310 99TH ST. BAY HARBOR ISLANDS, FL 33154
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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

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number
26-0230521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEPENIK, BART H
12000 BISCAYNE BOULEVARD
SUITE 401
BAY HARBOR ISLANDS, FL 33154

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 May 1, 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	PD	<input type="checkbox"/> Delete
NAME	ESKIN, KEN	
STREET ADDRESS	1310 99TH ST.	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	

TITLE	TD	<input type="checkbox"/> Delete
NAME	CHEPENIK, BART H	
STREET ADDRESS	1310 99TH ST.	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, RANDALL G	
STREET ADDRESS	1351 97TH ST.	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	

TITLE	D	<input type="checkbox"/> Delete
NAME	FEINSTEIN, ADAM	
STREET ADDRESS	1271 94TH ST.	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKEL, JED	
STREET ADDRESS	1231 99TH ST.	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

4/21/08

305.893.6054