

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90258 022 ****61.25

DOCUMENT # N06000000846			
1. Entity Name BAY HARBOR GARDENS CONDOMINIUM, INC.			
Principal Place of Business 1040 94TH STREET, UNIT #2 BAY HARBOR ISLANDS, FL 33154		Mailing Address 1040 94TH STREET, UNIT #2 BAY HARBOR ISLANDS, FL 33154	
2. Principal Place of Business - No P.O. Box # 1040 94 th STREET Suite, Apt. #, etc. UNIT # 2		3. Mailing Address 1040 94 th STREET Suite, Apt. #, etc. UNIT # 2	
City & State BAY HARBOR ISLANDS, FL Zip 33154 Country USA		City & State BAY HARBOR ISLANDS FL Zip 33154 Country USA	
4. FEI Number 20-4360399		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GONZALEZ, VICTOR 1040 94TH STREET, UNIT #2 BAY HARBOR ISLANDS, FL 33154		7. Name and Address of New Registered Agent Name COMEY, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1040 94 th STREET - UNIT # 2 City BAY HARBOR ISLANDS FL Zip Code 33154	
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 PRESIDENT - 4.18.07 <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, 2007		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 GREENE, DAVID STREET ADDRESS 857 FAIRFIELD RD. CITY-ST-ZIP ATLANTA, GA 30327	<input checked="" type="checkbox"/> Delete	TITLE PD NAME COMEY, CHARLES STREET ADDRESS 1040 94 th ST - UNIT 1 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE V/D NAME GONZALEZ, VICTOR STREET ADDRESS 1040 94 th ST - UNIT #4 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE T/S/D NAME WAISMAN, DANIEL STREET ADDRESS 1040 94 th ST - UNIT #2 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Change <input checked="" 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
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: CHARLES COMEY P/D 4.18.07 305.968.0814 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			