2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012822

FILED Apr 27, 2007 Secretary of State

Entity Name: BAY HARBOR CLEARWATER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: 600 BAYWAY BLVD CLEARWATER, FL 337672601 Current Mailing Address:			New Principal Plac	New Principal Place of Business: 600 BAYWAY BLVD CLEARWATER, FL 33767 New Mailing Address:	
			New Mailing Addr		
600 BAYW CLEARWA	'AY BLVD ATER, FL 33'	7672601	4131 GUNN HWY TAMPA, FL 33618		
FEI Number:	20-8058934	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	s of New Registered Agent:	
	ILT, KENNET MERTON RO L 33771 L	AD STE 2 JS	urpose of changing its registe	ered office or registered agent, or both,	
		submits this statement for the p	an proce of chianging the regions	,	
in the State	of Florida.	submits this statement for the p	arpece of changing to region		
in the State	e of Florida. ´ RE:	·		Date	
in the State	e of Florida. ´ RE: Electro	onic Signature of Registered Age	ent	Date IGES TO OFFICERS AND DIRECTOR	
in the State SIGNATUF OFFICERS Title: Name: Address:	e of Florida. RE: Electro S AND DIRECTOR DP (NEWKIRK, TO	onic Signature of Registered Age CTORS:) Delete DM CH BLVD STE 701	ent	Date IGES TO OFFICERS AND DIRECTOR () Change () Addition	
in the State	e of Florida. RE: Electro B AND DIRECT DP (NEWKIRK, TO 2901 W BUSO TAMPA, FL 3 DV (NEWKIRK, M.	onic Signature of Registered Age CTORS:) Delete DM CH BLVD STE 701 3618) Delete ARK CH BLVD STE 701	ADDITIONS/CHAN Title: Name: Address:	IGES TO OFFICERS AND DIRECTOR	
in the State SIGNATUF OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	E of Florida. RE: Electro B AND DIRECT DP (NEWKIRK, TO 2901 W BUSO TAMPA, FL 3 DV (NEWKIRK, M. 2901 W BUSO TAMPA, FL 3 DS (MIZE, JAY)	onic Signature of Registered Age CTORS:) Delete DM CH BLVD STE 701 3618) Delete ARK CH BLVD STE 701 3618) Delete DARK CH BLVD STE 701 3618) Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	IGES TO OFFICERS AND DIRECTOR () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. NEWKIRK DP 04/27/2007