

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002276**

1. Entity Name

9960 WEST BAY HARBOR CORP.



Principal Place of Business

9960 W. BAY HARBOR DR.  
BAY HARBOR ISLANDS, FL 33154

Mailing Address

3191 CORAL WAY  
SUITE 300  
MIAMI, FL 33145



04222005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1008085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORTE, JOHN  
3191 CORAL WAY  
STE. 300  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PSTD  
FORTE, JOHN  
3191 CORAL WAY STE. 300  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VD  
FORTE, BRADLEY  
3191 CORAL WAY STE. 300  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
RESTREPO-FORTE, MARIA  
3191 CORAL WAY STE. 300  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000332729  
04/26/05-80069-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

(JOHN FORTE)

4/22/2005 (305) 445-5511

Date

Daytime Phone #