

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mcrtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004071 (7)

1. Corporation Name

BAY HARBOR ESTATES PROPERTY OWNERS ASSOCIATION,
INC.



Principal Place of Business

1013 BAYHARBOR DRIVE
ENGLEWOOD FL 34224

Mailing Address

PO BOX 5320
ENGLEWOOD FL 34224

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0506083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARN, JOHN C
1013 BAYHARBOR DRIVE
ENGLEWOOD FL 34224

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
ST
SNIDER, PATRICIA A
P O BOX 5320
WNGLEWOOD FL

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D
Diane Edington
1087 Bay Harbor Drive
Englewood, FL 34224

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SPENCE, APUL
1054 SCHOONER LANE
ENGLEWOOD FL

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D
Myron R. Gerbitz
1957 Blue Fin Circle
Englewood, FL 34224

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOTRTON, ESTHER
1017 BAY HARBOR DR
ENGLEWOOD FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ARN, JOHN C
1013 BAY HARBOR DRIVE
ENGLEWOOD FL 34224

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
ZIRKLE, PETE
1024 BAY HORBOUR DR
ENGLEWOOD FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
BEDFORD, BOBBIE
1065 SCHOONER LANE
ENGLEWOOD FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Patricia A. Snider

SIGNATURE:

Patricia A. Snider

Sec./Treas. & Dir.

04-10-96

941-475-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)