


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McInnam 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 34224-0320
---	---

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/02/1993	3a. Date of Last Report 04/17/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0506083	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNIDER, PATRICIA A		<i>N/A</i>	1.2 NAME	Snider, Patricia A		
STREET ADDRESS	P O BOX 5320			1.3 STREET ADDRESS	P O Box 5320		<i>N/A</i>
CITY-ST-ZIP	WNGLEWOOD FL			1.4 CITY-ST-ZIP	Englewood FL		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPENCE, ABBE PAUL			2.2 NAME	White, Jamie		
STREET ADDRESS	1054 SCHOONER LANE			2.3 STREET ADDRESS	1949 Blue Fin Circle		
CITY-ST-ZIP	ENGLEWOOD FL			2.4 CITY-ST-ZIP	Englewood, FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOTRTON, ESTHER			3.2 NAME	Horton, Esther		
STREET ADDRESS	1017 BAY HARBOR DR			3.3 STREET ADDRESS	1017 Bay Harbor Drive		
CITY-ST-ZIP	ENGLEWOOD FL			3.4 CITY-ST-ZIP	Englewood FL		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARN, JOHN C			4.2 NAME	ED Peterson		
STREET ADDRESS	1013 BAY HARBOR DRIVE			4.3 STREET ADDRESS	1007 Bay Harbor Drive		
CITY-ST-ZIP	ENGLEWOOD FL 34224			4.4 CITY-ST-ZIP	Englewood FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EDINGTON, DIANE			5.2 NAME	Meyer, Richard J		
STREET ADDRESS	1087 BAY HARBOR DR			5.3 STREET ADDRESS	1049 Bay Harbor Drive		
CITY-ST-ZIP	ENGLEWOOD FL			5.4 CITY-ST-ZIP	Englewood, FL		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERBITZ, MYRON R			6.2 NAME			
STREET ADDRESS	1957 BLUE FIN CIR			6.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, President 4/18/97 04/17/1996

CR2E037 (9/96)