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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

3. Date Incorporated or Qualified
09/02/1993

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Snider, Patricia A
1.3 STREET ADDRESS P O Box 5320
1.4 CITY-ST-ZIP Englewood FL

TITLE VP ☐ DELETE
NAME SPENCE, PAUL
STREET ADDRESS 1054 SCHOONER LANE
CITY-ST-ZIP ENGLEWOOD FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME White, Jamie
2.3 STREET ADDRESS 1949 Blue Fin Circle
2.4 CITY-ST-ZIP Englewood, FL

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

3.1 TITLE ST ☒ Change ☐ Addition
3.2 NAME Horton, Esther
3.3 STREET ADDRESS 1017 Bay Harbor Drive
3.4 CITY-ST-ZIP Englewood FL

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

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME ED Peterson
4.3 STREET ADDRESS 1007 Bay Harbor Drive
4.4 CITY-ST-ZIP Englewood FL

TITLE D ☒ DELETE
NAME EDINGTON, DIANE
STREET ADDRESS 1087 BAY HARBOR DR
CITY-ST-ZIP ENGLEWOOD FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Meyer, Richard J
5.3 STREET ADDRESS 1049 Bay Harbor Drive
5.4 CITY-ST-ZIP Englewood, FL

TITLE D ☐ DELETE
NAME GERBITZ, MYRON R
STREET ADDRESS 1957 BLUE FIN CIR
CITY-ST-ZIP 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 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)