

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000004071 (7)**

1. Corporation Name

BAY HARBOR ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1013 BAYHARBOR DRIVE
ENGLEWOOD FL 34224**

**PO BOX 5320
ENGLEWOOD FL 34224**

3. Date Incorporated or Qualified

09/02/1993

4. FEI Number

65-0506083

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 2012

22 City & State

Suite, Apt. #, etc.

23 Zip

Country

27 City & State

28 Englewood, FL

24 Zip

Country

29 34295-2012

Country

30 Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 **PO** ☒ DELETE

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

TITLE **VP** ☐ DELETE

NAME **SPENCE, PAUL**
STREET ADDRESS **1054 SCHOONER LANE**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **ST** ☒ DELETE

NAME **HORTON, ESTHER**
STREET ADDRESS **1017 BAY HARBOR DR**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☐ DELETE

NAME **WHITE, JAMIE**
STREET ADDRESS **1949 BLUE FIN CIRCLE**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☒ DELETE

NAME **PETERSON, ED**
STREET ADDRESS **1007 BAY HARBOR DR**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☐ DELETE

NAME **GERBITZ, MYRON R**
STREET ADDRESS **1957 BLUE FIN CIR**
CITY-ST-ZIP **ENGLEWOOD FL**

1.1 TITLE **VP** ☐ Change ☒ Addition

1.2 NAME **Gerald Maki**
1.3 STREET ADDRESS **1008 Bay Harbor Drive**
1.4 CITY-ST-ZIP **Englewood, FL**

2.1 TITLE **ST** ☒ Change ☐ Addition

2.2 NAME **Spence, Paul**
2.3 STREET ADDRESS **1054 Schooner Lane**
2.4 CITY-ST-ZIP **Englewood, FL**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Eugene Dixon**
3.3 STREET ADDRESS **1094 Bay Harbor Drive**
3.4 CITY-ST-ZIP **Englewood, FL**

4.1 TITLE **PD** ☒ Change ☐ Addition

4.2 NAME **White, Jamie**
4.3 STREET ADDRESS **1949 Blue Fin Circle**
4.4 CITY-ST-ZIP **Englewood, FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **Treasurer** ☒ Change ☐ Addition

6.2 NAME **Gerbitz, Myron R**
6.3 STREET ADDRESS **1957 Blue Fin Cir**
6.4 CITY-ST-ZIP **Englewood, FL**

14. I 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.

SIGNATURE: **Myron R. Gerbitz, Treasurer** *Myron R. Gerbitz* 3-11-98 941-475-4034

CR2E037 (10/97)