

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90067 043 ****61.25

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DOCUMENT # N93000004071

1. Corporation Name

**BAY HARBOR ESTATES PROPERTY OWNERS ASSOCIATION,
INC.**

Principal Place of Business

1013 BAYHARBOR DRIVE
ENGLEWOOD FL 34224

Mailing Address

PO BOX 2012
ENGLEWOOD FL 34295-012
US

* 1 181056 - 90067 - 43



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/02/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0506083	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	
				85 Zip Code	
				FL	
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	VPQM	<input type="checkbox"/> DELETE	1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKI, GERALD		1.2 NAME	Grabber, David H.	
STREET ADDRESS	1008 BAY HARBOR DRIVE		1.3 STREET ADDRESS	1083 Bay Harbor Drive	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCE, PAUL		2.2 NAME	Dietrich, William G.	
STREET ADDRESS	1054 SCHOONER LANE		2.3 STREET ADDRESS	1014 Schooner Lane	
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, EUGENE		3.2 NAME	Dixon, Eugene L.	
STREET ADDRESS	1094 BAY HARBOR DRIVE		3.3 STREET ADDRESS	1094 Bay Harbor Drive	
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JAMIE		4.2 NAME	White, Jamie A.	
STREET ADDRESS	1949 BLUE FIN CIRCLE		4.3 STREET ADDRESS	1949 Bluefin Circle	
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBITZ, MYRON R		5.2 NAME	Gerbitz, Myron R.	
STREET ADDRESS	1957 BLUE FIN CIR		5.3 STREET ADDRESS	1957 Bluefin Circle	
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Gerbitz, Catherine M.	
STREET ADDRESS			6.3 STREET ADDRESS	1957 Bluefin Circle	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Englewood, Fl. 34224	

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, with all other like empowered.

SIGNATURE:

Myron R. Gerbitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myron R. Gerbitz 2/26/99 941-475-

Date Daytime Phone #

4034

CR2E037 (1/98)