

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004071

1. Entity Name

BAY HARBOR ESTATES PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

1013 BAYHARBOR DRIVE
ENGLEWOOD FL 34224

Mailing Address

PO BOX 2012
ENGLEWOOD FL 34295-012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0506083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARN, JOHN C
1013 BAYHARBOR DRIVE
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **MAKI, GERALD**
CITY-ST-ZIP **1008 BAY HARBOR DRIVE**
ENGLEWOOD FL

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **GRABBER, DAVID H**
CITY-ST-ZIP **1083 BAY HARBOR DRIVE**
ENGLEWOOD FL 34224

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **DIXON, EUGENE**
CITY-ST-ZIP **1094 BAY HARBOR DRIVE**
ENGLEWOOD FL 34224

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **WHITE, JAMIE**
CITY-ST-ZIP **1949 BLUE FIN CIRCLE**
ENGLEWOOD FL 34224

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GERBITZ, MYRON R**
CITY-ST-ZIP **1957 BLUEFIN CIRCLE**
ENGLEWOOD FL 34224

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **DIETRICH, WILLIAM G**
CITY-ST-ZIP **1014 SCHOONER LANE**
ENGLEWOOD FL 34224

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **V.P.**
STREET ADDRESS **JOSEPH MARINOCA III**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☐ Addition
NAME **FEE.**
STREET ADDRESS **DAWN BEDFORD**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☐ Addition
NAME **TREA.**
STREET ADDRESS **ROBERT DIXON**
CITY-ST-ZIP **1019 SCHOONER LANE**
ENGLEWOOD FL 34224

TITLE ☐ Change ☐ Addition
NAME **D.**
STREET ADDRESS **JOHN ARN**
CITY-ST-ZIP **1013 BAY HARBOR DR**
ENGLEWOOD FL 34224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of William G. Dietrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 (941) 475-2324

CR2E037 (10/00)

0086388

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90147 006 *****61.25



DO NOT WRITE IN THIS SPACE