

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90346 040 ****61.25

DOCUMENT # N93000004071

1. Entity 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**

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

7. Name and Address of New Registered Agent

**ARN, JOHN C
1013 BAYHARBOR DRIVE
ENGLEWOOD FL 34224**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MAKI, GERALD	
STREET ADDRESS	1008 BAY HARBOR DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARINOZO, JOSEPH III	
STREET ADDRESS	101	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEDFORD, DAWN	
STREET ADDRESS	1057 SCHOONER LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIXON, ROBERT	
STREET ADDRESS	1019 SCHOONER LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIETRICH, WILLIAM G	
STREET ADDRESS	1014 SCHOONER LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARN, JOHN	
STREET ADDRESS	1013 BAY HARBOR DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKI, GERALD	
STREET ADDRESS	1008 BAY HARBOR DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINOZA, JOSEPH III	
STREET ADDRESS	2083 MARLIN WAY	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYRON R. GERBITZ	
STREET ADDRESS	1957 BLUEFIN CIR	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MYRON R. GERBITZ

APR 14 10 03 941-437-4034

CR2E037 (10/02)