

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005639 (0)

1. Corporation Name

BAY HARBOR DEVELOPMENT ASSOCIATION, INC.

Principal Place of Business

1007 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

Mailing Address

1007 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -9 AM 10: 09



BK 9/16/96

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0459733

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

ROBBINS, MARJORIE F
1090 KANE CONCOURSE
SUITE 202
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS LAURENCE, KENNETH
CITY-ST-ZIP 1007 KANE CONCOURSE
BAY HARBOR ISLANDS FL

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS SKLAN, OSCAR
CITY-ST-ZIP 1132 KANE CONCOURSE
BAY HARBOR ISLANDS FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS BLUM, ETHEL
CITY-ST-ZIP 9592 HARDING AVE
SURFSIDE FL 33154

TITLE ☐ DELETE

NAME S
STREET ADDRESS ROSENTHAL, MURRY
CITY-ST-ZIP 3535 MCGELLEN CIRCLE UNIT 523
N MIAMI BEACH FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS BOCHNER, DAVID
CITY-ST-ZIP 1077 95TH ST
BAY HARBOR ISLANDS FL 33154

TITLE ☒ DELETE

NAME T
STREET ADDRESS RUBIN, RICHARD
CITY-ST-ZIP 1011 KANE CONCOURSE
BAY HARBOR ISLANDS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Goldburg, Michael
1108 Kane Concourse
Bay Harbor Islands, FL 33154

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96 (305) 966-3600

0007751

CR2E037 (3/96)