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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000005639

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

12/10/1993

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

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

TITLE VPD
NAME SKIAR, OSCAR
STREET ADDRESS 1132 KANE CONCOURSE
CITY-ST-ZIP BAY HARBOR ISLANDS FL ☒ DELETE

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

TITLE S
NAME MACHETTE, ROBERTA LEE
STREET ADDRESS 3535 MCGELLEN CIRCLE UNIT 523
CITY-ST-ZIP N MIAMI BEACH FL ☐ DELETE

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

TITLE T
NAME GOLDBERG, MICHAEL
STREET ADDRESS 1008 KANE CONCOURSE
CITY-ST-ZIP BAY HARBOR ISLANDS FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPD ☒ Change ☒ Addition
2.2 NAME George C. Reycraft
2.3 STREET ADDRESS 9790 E. Bay Harbor Drive, Ste. 1
2.4 CITY-ST-ZIP Bay Harbor Islands, FL. 33154

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Secretary and Treasurer ☒ Change ☒ Addition
4.2 NAME Machette, Roberta Lee
4.3 STREET ADDRESS 9821 E. Bay Harbor Drive
4.4 CITY-ST-ZIP Bay Harbor Islands, FL. 33154 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME Delete
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Roberta Machette 2-4-99 305 868 6430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)