

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002920 (6)

1. Corporation Name

BAY HARBOR WEST ISLAND HOMEOWNERS ASSOCIATION, I
-NC.

Principal Place of Business

Mailing Address

1250 100TH ST.
BAY HARBOR FL 331541250 100TH ST.
BAY HARBOR FL 33154-11063. Date Incorporated or Qualified
06/14/19943a. Date of Last Report
09/30/1996

2. Principal Place of Business

2a. Mailing Address

21 10031 W. Broadview Dr.

26 10031 W. Broadview Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Bay Harbor Islands, FL27 City & State
Bay Harbor Islands, FL

23 Zip

Country

33154

Dade

28 Zip

Country

33154

Dade

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, LAWRENCE B
1250 100TH STREET
BAY HARBOR FL 33154

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME RUBIN, DEBBIE
STREET ADDRESS 1231 95TH STREET
CITY-ST-ZIP BAY HARBOR FL 331541.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Lawrence B. Friedman
1.3 STREET ADDRESS 1250 100th Street
1.4 CITY-ST-ZIP Bay Harbor Islands, FL 33154TITLE D ☐ DELETE
NAME STRACHMAN, SAUL
STREET ADDRESS 1261 98TH STREET
CITY-ST-ZIP BAY HARBOR FL 331542.1 TITLE S ☐ Change ☒ Addition
2.2 NAME Michael Taylor
2.3 STREET ADDRESS 1250 102nd Street
2.4 CITY-ST-ZIP Bay Harbor Islands, FL 33154TITLE S ☒ DELETE
NAME JOVE, TERRY
STREET ADDRESS 9826 WEST BROADVIEW
CITY-ST-ZIP BAY HARBOR FL 331543.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME Robin Orvitz
3.3 STREET ADDRESS 1311 98th Street
3.4 CITY-ST-ZIP Bay Harbor Islands, FL 33154TITLE D ☐ DELETE
NAME ABEL, DAVID
STREET ADDRESS 9933 E. BROADVIEW
CITY-ST-ZIP BAY HARBOR FL 331544.1 TITLE Pres ☐ Change ☒ Addition
4.2 NAME Robert Sherman
4.3 STREET ADDRESS 10031 West Broadview
4.4 CITY-ST-ZIP Bay Harbor Islands, FL 33154TITLE D ☐ DELETE
NAME GOLDSMITH, PHYLLIS
STREET ADDRESS 9940 EAST BROADVIEW
CITY-ST-ZIP BAY HARBOR FL 331545.1 TITLE T ☐ Change ☒ Addition
5.2 NAME Craig Gurson
5.3 STREET ADDRESS 1231 101st Street
5.4 CITY-ST-ZIP Bay Harbor Islands, FL 33154TITLE VP ☐ DELETE
NAME ESKIN, KENNETH
STREET ADDRESS 1310 99TH STREET
CITY-ST-ZIP BAY HARBOR FL 331546.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Steve Greenberg
6.3 STREET ADDRESS 101st W. Broadview
6.4 CITY-ST-ZIP Bay Harbor Islands, FL 3315414. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0030926

CR2E037 (9/96)