

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N94000004402

1. Entity Name
BAY HARBOR ISLAND TOWNHOUSES ASSOCIATION, INC.



Principal Place of Business
**10065 BAY HARBOR TERRACE
BAY HARBOR, FL 33154**

Mailing Address
**C/O UNLIMITED MGMT SERVICE
P.O. BOX 440067
MIAMI, FL 33144 US**



02182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0445593

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**UNLIMITED PROPERTY MGMT
7655 NW 50 ST
CLEARWATER, FL 33766**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FELDMAN, MITCHELL
STREET ADDRESS	P.O. BOX 228234
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	SD
NAME	TOMEU, JULIO
STREET ADDRESS	P.O. BOX 228234
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	PD
NAME	KIRSCH, EDWARD
STREET ADDRESS	P.O. BOX 228234
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000848454
03/20/08-80018-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD R. KIRSCH

3/3/08

9544384282

Date

Daytime Phone #