2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # N9400004918 1. Entity Name BAY HARBOUR HOMEOWNER'S ASSOCIATION, INC.				04-26-2004 90550 020 ***150.00	
Principal Place of Business Mailing Address 7406 MAIN STREET 7406 MAIN STREET JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208			8		
2. Principal Place of Business 3. Mai		. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0400004	
City & State		City & State		4. FEI Number CR2E037 (10/03) Applied For	_
Zip Country		Zip Country		59-3313489 Not Applicabl	le
			Country	5. Certificate of Status Desired Sea.75 Additional Fee Required	
	6. Name and Address of Current Reg	istered Agent	Name	7. Name and Address of New Registered Agent	$\ddot{\dashv}$
BERRYMAN, RICHARD L 7406 N MAIN STREET JACKSONVILLE, FL 32208			Street Add	dress (P.O. Box Number is Not Acceptable)	
	·		City	FL Zip Code	\dashv
	med entity submits this statement for the sof registered agent.	e purpose of changing its re	egistered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accep	,t
	V				
SIGNATURE	nature, typed or printed name of registered agent and t	itle if applicable. (NOTE: F	Registered Agent signature	required when reinstating) DATE	-
Filing Fee is \$61.25 Due by May 1, 2004					- 1
		9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees Florida Department of State	
10.	OFFICERS AND DIREC	Trust Fund Co	ntribution.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
10.	ue by May 1, 2004	Trust Fund Co	ntribution.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TO TO THE Change Addition	on
10. TITLE PS NAME BE STREET ADDRESS 10	OFFICERS AND DIRECT STD ERRYMAN, RICHARD L. 0821 PEACEFUL HARBOR DR.	Trust Fund Co	ntribution. 11. TITLE NAME STREET ADDRESS	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STD PChange Addition Addit	on
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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:

Parkard L. Berryman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 765-1381