


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000004918 1. Entity Name BAY HARBOUR HOMEOWNER'S ASSOCIATION, INC.	
--	---

Principal Place of Business 7406 MAIN STREET JACKSONVILLE, FL 32208	Mailing Address 7406 MAIN STREET JACKSONVILLE, FL 32208
---	---

**DO NOT WRITE IN THIS SPACE**



03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3313489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BERRYMAN, RICHARD L 7406 N MAIN STREET JACKSONVILLE, FL 32208
--

**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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BERRYMAN, RICHARD L. 10821 PEACEFUL HARBOR DR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HURAY, LOIS 5038 EAGLE POINT DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RHODES, BERT 110 SCHOONER KEY PLACE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000280755  
03/30/05-80034-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Richard L. Berryman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-29-05 <small>Date</small>	(904) 965-1381 <small>Daytime Phone #</small>
--	--------------------------------	--