2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004918

FILED Apr 27, 2006 Secretary of State

Entity Name: BAY HARBOUR HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
7406 MAIN JACKSON\	STREET /ILLE, FL 322	208			
Current Mailing Address:			New Mailii	New Mailing Address:	
7406 MAIN STREET JACKSONVILLE, FL 32208					
FEI Number:	59-3313489	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BERRYMAN, RICHARD L 7406 N MAIN STREET JACKSONVILLE, FL 32208 US					
The above in the State		submits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	E:				
	Electror	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BERRYMAN, R	FUL HARBOR DR.	Title: Name: Address: City-St-Zip:	ST (X) Change () Addition BERRYMAN, RICHARD L. 10821 PEACEFUL HARBOR DR. JACKSONVILLE, FL	
Title: Name: Address: City-St-Zip:	D (HURAY, LOIS 5038 EAGLE P JACKSONVILL		Title: Name: Address: City-St-Zip:	P (X) Change () Addition RHODES, BERT 110 SCHOONER KEY PLACE JACKSONVILLE, FL 32218	
Title: Name: Address: City-St-Zip:	PD (RHODES, BER 110 SCHOONE JACKSONVILL	R KEY PLACE	Title: Name: Address: City-St-Zip:	CD (X) Change () Addition TARDIFF, PETER B 103 SCHOONER KEY PLACE JACKSONVILLE, FL 32218	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition TRANQUILLE, JEAN C 10805 PEACEFUL HARBOR DRIVE JACKSONVILLE, FL 32218	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MISHOE, DAVID 10837 PEACEFUL HARBOR DRIVE JACKSONVILLE, FL 32218	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HOWSE, CARSON 111 SCHOONER KEY PLACE JACKSONVILLE, FL 32218	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER B. TARDIFF CD 04/27/2006