

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000516

FILED  
Sep 23, 2012  
Secretary of State

**Entity Name:** BAY HARBOUR HOMEOWNERS' ASSOCIATION OF BAYHARBOUR, INC.

**Current Principal Place of Business:**

166 HARBOUR TRCE E  
FREEPORT, FL 32439 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1113  
FREEPORT, FL 32439 US

**New Mailing Address:**

**FEI Number:** 59-3515793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASSEY, LAURA  
166 HARBOUR TRACE E  
FREEPORT, FL 32439 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KELLY, CARLA  
**Address:** 56 CREEK HARBOUR BLVD  
**City-St-Zip:** FREEPORT, FL 32439 US

**Title:** VP  
**Name:** MASSEY, LAURA  
**Address:** 166 HARBOUR TRACE E  
**City-St-Zip:** FREEPORT, FL 32439 US

**Title:** S  
**Name:** SHAFER, KATHY  
**Address:** 94 HARBOUR TRACE  
**City-St-Zip:** FREEPORT, FL 32439

**Title:** D  
**Name:** SHAFER, LARRY  
**Address:** 94 HARBOUR TRACE E  
**City-St-Zip:** FREEPORT, FL 32439

**Title:** D  
**Name:** GETTIS, LEON  
**Address:** SUNSET HARBOUR  
**City-St-Zip:** FREEPORT, FL 32439

I hereby 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 all other like empowered.

**SIGNATURE:** LAURA MASSEY

VP

09/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date