

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000110523

1. Entity Name
LIONSTONE BAY HARBOR, INC.



Principal Place of Business

**605 LINCOLN RD
5TH FLOOR
MIAMI BEACH, FL 33139**

Mailing Address

**605 LINCOLN RD
5TH FLOOR
MIAMI BEACH, FL 33139**



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1059432

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAZAR, BRUCE E
605 LINCOLN RD
5TH FLOOR
MIAMI BEACH, FL 33139**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOANO, GABRIEL
STREET ADDRESS 605 LINCOLN RD 5TH FLOOR
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VPST
NAME LOWENSTEIN-BOANO, PAULA
STREET ADDRESS 605 LINCOLN RD 5TH FLOOR
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE AS
NAME MATHIA, JUDITH L
STREET ADDRESS 605 LINCOLN RD 5TH FLOOR
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

U000000935795
05/23/08-80086-006 150.00

**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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAULA LOWENSTEIN-BOANO

4/29/2008

3055321215