


2006 FOR PROFIT CORPORATION ANNUAL REPORT

521

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000097828 1. Entity Name BAINBRIDGE HERITAGE HARBOUR, INC.	
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Principal Place of Business 12765 WEST FOREST HILL BOULEVARD SUITE 1307 WELLINGTON, FL 33414	Mailing Address 12765 WEST FOREST HILL BOULEVARD SUITE 1307 WELLINGTON, FL 33414
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03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1728646	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHECHTER, RICHARD A 12765 WEST FOREST HILL BOULEVARD SUITE 1307 WELLINGTON, FL 33414

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, RICHARD A 12765 W. FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, SHEILA 12765 W. FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414
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05/15/06-80053-014 158.75

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, on an attachment with an address with all other like empowered.

SIGNATURE:  Thomas J. Keady 4/20/06 561-333-3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #