

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
BUREAU OF CORPORATIONS

1996 5-1-96

B-5413

C

DOCUMENT # P95000037619 (0)

1. Corporation Name
BAY HARBOR INN & PROPERTIES, INC.



Principal Place of Business: 21521 MADERA RD FT MYERS BEACH FL 33931
Mailing Address: 21521 MADERA RD FT MYERS BEACH FL 33931

3. Date incorporated or Qualified: 05/10/1995
3a. Date of Last Report
4. FEI Number: 65-058 6721
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent: ECHOLS, LARRY A, 6100 ESTERO BLVD, FT MYERS BEACH FL 33931
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SMITH, ROXANNA L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21521 MADERA RD	1.2 NAME	
STREET ADDRESS	FT MYERS BEACH FL 33931	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D SMITH, VIRGINIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21521 MADERA RD	2.2 NAME	
STREET ADDRESS	FT MYERS BEACH FL 33931	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D WALROD, TERESA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1507 SHELDON AVE	3.2 NAME	
STREET ADDRESS	LEHIGH ACRES FL 33936	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D SMITH, STEVEN G	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	385 ESTERO BLVD	4.2 NAME	
STREET ADDRESS	FT MYERS BEACH FL 33931	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roxanna L Smith, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 941-463-2191
Date: _____ City/State, Please: _____

CR2E034 (12/95)