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Jun 16, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT.# **P95000037619**1. Corporation Name

BAY HARBOR INN & PROPERTIES, INC.

| ! | | | | | | | |
|---|--|--|--------------------------------|--|--|------------------|-----------------|
| Principal Place of Business Mailing Address | | | | | (implication in the latest active and in series and | T MM ISSIS SHELL | ridid ibre iane |
| 21521 MADERA RD FT MYERS BEACH FL 33931 | | 21521 MADERA RD FT MYERS BEACH FL 33931 | | DO NOT WRITE IN THE | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed 05/10/1995 | | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Apr | plied For |
| 21 26 | | <u>⊢</u> 1 | _ ₁ | | 65-0586721 | No | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.75 A | dditional | |
| 22 | | 27 | | 5. Certifcate of Status Desired | Fee Red | quired | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | 28 | | Trust Fund Contribution | Added to | o Fees | |
| Zip Country | | Zip Country | | 8. This corporation owes the current year Ir | | 67 | |
| 24 | 25 | | 30 | | Personal Property Tax. | | ⊠ No |
| | 9. Name and Address of Curre | nt Registered Agent | 81 | Name | 10. Name and Address of New Registered | Agent | |
| ECH | OLS, LARRY A | | Ĺ | | | | |
| 6100 ESTERO BLVD | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| FT M | IYERS BEACH FL 33931 | | 83 | | | | |
| | | | 0.4 | Cit. | | 85 Zip C | 20do |
| • | | | 84 | City | FI | 85 Zip C | ,oue |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes | s, the above | -named | corporation submits this statement for the purpose of | f changing its | registered |
| office or r | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was aut ations of, Section 607.0505, Florid | inorized by i da Statutes. | me corpo | oration's board of directors. I hereby accept the appo | miniment as reg | Jistereu |
| SIGNATURE | · | | | | | | |
| | Signature, typed or printed name of registered age | | | signature re | equired when reinstating) DATE | ND DIDECTO | DO 111 40 |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | Change | Addition |
| TITLE | D CHATTIL DOVANINA I | ☐ DELETE | 11 TITLE | | | □ Change | Addition |
| NAME | SMITH, ROXANNA L | | 1.2 NAME 1.3 STREET ADDRESS | | | | |
| STREET ADDRESS | 21521 MADERA RD | | | - 1 | | | |
| CITY-ST-ZIP | FT MYERS BEACH FL 33931 | DELETE | 1.4 CITY - ST 2.1 TITLE | -ZIP | | ☐ Change | Addition |
| TITLE | | | 2.2 NAME | | | 4 3 + | |
| NAME STREET ADDRESS | SMITH, VIRGINIA 21521 MADERA RD | | 2.2 NAME 2.3 STREET | VUUBE 22 | | | |
| | PT AMERIC BEACH EL GARAGE | | 2.4 CITY-S | I | | | |
| CITY-ST-ZIP TITLE | D | ☐ DELETE | 3.1 TITLE | 1-21/ | D | Change | Addition |
| NAME | WALROD, TERESA | | 3.2 NAME | | WALROD, TERESA | | |
| STREET ADDRESS | 1507 SHELDON AVE | | 3.3 STREET | ADDRESS | 11206 LAKELAND EIR. | | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | | 3.4. CITY-5 | r-ZIP | 11326 LAKELANDEIR. FT. MYERS Fl. 33913 | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | D | Change | ☐ Addition |
| NAME | SMITH, STEVEN G | | 4. 2 NAME | | SMITH, STEVEN | | |
| STREET ADDRESS | AGE FOTERO BLUD | | 4.3 STREET | } | 15561 SHAMROOK RD. | | |
| CITY-ST-ZIP | FT MYERS BEACH FL 33931 | | 4.4 CITY-ST | -ZIP | FT. MYERS, FI, 33912 | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP . | | | 54 CITY-ST | -ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | | 6.2 NAME | ļ | | | |
| STREET ADDRESS | · | | 6.3 STREET | ADDRESS | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP