

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037619

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: BAY HARBOR INN & PROPERTIES, INC.

**Current Principal Place of Business:**

21521 MADERA RD  
FT MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

21521 MADERA RD  
FT MYERS BEACH, FL 33931

**New Mailing Address:**

FEI Number: 65-0586721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ECHOLS, LARRY A  
6100 ESTERO BLVD  
FT MYERS BEACH, FL 33931      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SMITH, ROXANNA L  
Address: 21521 MADERA RD  
City-St-Zip: FT MYERS BEACH, FL 33931

Title: D      ( ) Delete  
Name: SMITH, VIRGINIA  
Address: 21521 MADERA RD  
City-St-Zip: FT MYERS BEACH, FL 33931

Title: D      ( ) Delete  
Name: WALROD, TERESA  
Address: 11326 LAKE LAND CIR  
City-St-Zip: FORT MYERS, FL 33913

Title: D      ( ) Delete  
Name: SMITH, STEVEN G  
Address: 15561 SHAMROCK RD  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: WALROD, TERESA  
Address: 1201 MEADOWBROOK AVE.  
City-St-Zip: ANN ARBOR, MI 48103

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANNA L. SMITH

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date