2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 13, 2017
Secretary of State
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Entity Name: BAY HARBOR ISLAND MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9660 W.BAY HARBOR DRIVE
BAY HARBOR ISLANDS, FL 33154

Current Mailing Address:

C/O COSMO MANAGEMENT
9190 BISCAYNE BLVD SUITE 202
MIAMI SHORES, FL 33138 US

FEI Number: 59-1437527

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COSMO MANAGEMENT
C/O COSMO MANAGEMENT
9190 BISCAYNE BLVD SUITE 202
MIAMI SHORES, FL 33138 US

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: VELDA CASTILLO 01/13/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER	Title	VP
Name	JOHNSON, BRIAN	Name	CISTERNINO, FRANCO
Address	C/O COSMO MANAGEMENT 9190 BISCAYNE BLVD SUITE 202	Address	C/O COSMO MANAGEMENT 9190 BISCAYNE BLVD SUITE 202
City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	MIAMI SHORES FL 33138
Title	DIRECTOR	Title	PRESIDENT
Name	DALCEGGIO, FERNANDO	Name	DEL CASTELLO, ROBERTO
Address	C/O COSMO MANAGEMENT 9190 BISCAYNE BLVD SUITE 202	Address	C/O COSMO MANAGEMENT 9190 BISCAYNE BLVD SUITE 202
City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	MIAMI SHORES FL 33138
Title	DIRECTOR	Title	DIRECTOR
Name	FORERO, CAROLINA	Name	PASCUAL, JORGE
Address	C/O COSMO MANAGEMENT 9190 BISCAYNE BLVD SUITE 202	Address	C/O COSMO MANAGEMENT 9190 BISCAYNE BLVD SUITE 202
City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	MIAMI SHORES FL 33138
Title	SECRETARY		
Name	LEVY, ALAN		
Address	C/O COSMO MANAGEMENT 9190 BISCAYNE BLVD SUITE 202		
City-State-Zip:	MIAMI SHORES FL 33138		

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN JOHNSON TREASURER 01/13/2017

Electronic Signature of Signing Officer/Director Detail — Date