


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90203 035 ***150.00

DOCUMENT # 302982					
1. Entity Name BAL HARBOUR MANOR INC					
Principal Place of Business 10190 COLLINS AVE. BAL HARBOUR, FL 33154 US			Mailing Address 10190 COLLINS AVE. BAL HARBOUR, FL 33154 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1287048	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M. 1111 LINCOLN RD MALL SUITE 500 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DALTON, HOWARD		NAME		
STREET ADDRESS	10190 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARMEL, RICHARD		NAME		
STREET ADDRESS	10190 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33154		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GAITHER, BRUCE		NAME	SD	
STREET ADDRESS	10190 COLLINS AVE		STREET ADDRESS	Martinez, Patricia	
CITY-ST-ZIP	BAL HARBOUR, FL		CITY-ST-ZIP	3258 Beechberry Cir	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change
NAME	BEGIER, NANCY		NAME	Begier, Nancy	<input type="checkbox"/> Addition
STREET ADDRESS	10190 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR, FL		CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change
NAME	WELSTEAD, YVONNE		NAME	Pershall, Samuel E., Jr.	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	10190 COLLINS AVE		STREET ADDRESS	10190 Collins Ave	
CITY-ST-ZIP	BAL HARBOUR, FL		CITY-ST-ZIP	Bal Harbour, FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nancy Mays Nancy Mays Asst. Sec. 4/29/04 305 868-4047</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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