


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90005 015 ****61.25

| | | | | | |
|---|----------------------------|--|---|---|--|
| DOCUMENT # 702839 | | | |  | |
| 1. Entity Name BALMORAL APARTMENTS INC | | | | | |
| Principal Place of Business 350 COLLINS AVENUE MIAMI BEACH, FL 33139 | | | Mailing Address 350 COLLINS AVENUE MIAMI BEACH, FL 33139 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 59-1034138 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WINDISH, JOSEPH H 350 COLLINS AVE APARTMENT 102 MIAMI BEACH, FL 33139 | | | Name <u>Linda Johnson / LJ Services Group</u> Street Address (P.O. Box Number is Not Acceptable) <u>350 Collins Ave</u> City <u>Miami Beach</u> FL Zip Code <u>33139</u> | | |
| 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 <u>Linda Johnson</u> <small>Signature typed or printed name of registered agent and title if applicable.</small> | | | DATE <u>5/25/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | FB | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HASLOBE, FRED | | NAME | | |
| STREET ADDRESS | 350 COLLINS AVE., APT. 107 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DE SANTIS, NICOLETTA | | NAME | Michael Nilan | |
| STREET ADDRESS | 350 COLLINS AVE, 307 | | STREET ADDRESS | 350 Collins Ave Apt. 102 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | Miami Beach, FL 33139 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANSFIELD, AMELIA | | NAME | Celina Mendible | |
| STREET ADDRESS | 350 COLLINS AVE., APT. 202 | | STREET ADDRESS | 350 Collins Ave Apt. 202 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | Miami Beach, FL 33139 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HASLOBE, FRED | | NAME | | |
| STREET ADDRESS | 350 COLLINS AVE APT 107 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINDISH, JOSEPH | | NAME | | |
| STREET ADDRESS | 350 COLLINS AVE., APT 102 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, MANUEL | | NAME | Rodriguez, Manuel | |
| STREET ADDRESS | 350 COLLINS AVE., APT. 105 | | STREET ADDRESS | 350 Collins Ave Apt 105 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | Miami Beach, FL 33139 | |
| 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 617, 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>Manuel Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE: <u>5/25/05</u> | | DAYTIME PHONE #: <u>(305) 581-2090</u> |

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