

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702839

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: BALMORAL APARTMENTS INC

**Current Principal Place of Business:**

350 COLLINS AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 841437  
PEMBROKE PINES, FL 33184

**New Mailing Address:**

FEI Number: 59-1034138      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JOHNSON, LINDA  
LJ SERVICES GROUP  
1045 KANE CONCOURSE #212  
BAY HARBOR ISLANDS, FL 33154 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RODRIGUEZ, MANUEL  
Address: 350 COLLINS AVE., APT. 105  
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD ( ) Delete  
Name: PROSCIA, JAMES  
Address: 350 COLLINS AVE, APT 302  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD ( ) Delete  
Name: DE SANTIS, NICOLE  
Address: 350 COLLINS AVE. APT. 307  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD ( ) Delete  
Name: MANSFIELD, AMELIA  
Address: 350 COLLINS AVE.,  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete  
Name: MILAN, MICHAEL  
Address: 350 COLLINS AVE. APT. 102  
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: VPD (X) Change ( ) Addition  
Name: RODRIGUEZ, MANUEL  
Address: 350 COLLINS AVE., APT. 105  
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: D (X) Change ( ) Addition  
Name: BECK, SAM  
Address: 350 COLLINS AVE.  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD (X) Change ( ) Addition  
Name: CABRERA, GUILLERMO  
Address: 350 COLLINS AVE.,  
City-St-Zip: MIAMI BEACH, FL 33139

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA JOHNSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MGR

04/13/2009

\_\_\_\_\_  
Date