

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741543** (3)
1. Corporation Name
BAL HARBOUR 101 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 10155 COLLINS AVENUE, BAL HARBOUR FL 33154
Mailing Address: 10155 COLLINS AVENUE, BAL HARBOUR FL 33154

3. Date Incorporated or Qualified: 02/07/1978
3a. Date of Last Report: 02/09/1995

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|--|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FBI Number | Applied For |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | 59-1901485 | Not Applicable |
| 23 | City & State | 28 | City & State | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | Zip | 29 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25 | Country | 30 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
EISINGER, DENNIS
19495 BISCAYNE BLVD., SUITE 606
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 Zip Code
4000 Hollywood Blvd
SUITE 265 South
Hollywood FL **33021**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|----------------------|--------------------------|
| TITLE | PD MARCO, JACK | <input type="checkbox"/> |
| NAME | 10155 COLLINS AVE | |
| STREET ADDRESS | BAL HARBOUR FL 33154 | |
| CITY - ST - ZIP | | |
| TITLE | VD COHEN, LEON | <input type="checkbox"/> |
| NAME | 10155 COLLINS AVE | |
| STREET ADDRESS | BAL HARBOUR FL 33154 | |
| CITY - ST - ZIP | | |
| TITLE | SD CADES, RALPH | <input type="checkbox"/> |
| NAME | 10155 COLLINS AVE | |
| STREET ADDRESS | BAL HARBOUR FL 33154 | |
| CITY - ST - ZIP | | |
| TITLE | TD GITTLIN, MORTON B | <input type="checkbox"/> |
| NAME | 10155 COLLINS AVE | |
| STREET ADDRESS | BAL HARBOUR FL 33154 | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|----------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | PD GORSON, PEG E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | SAME | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY - ST - ZIP | | | |
| 2.1 TITLE | VD SILVERMAN, SELMA | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | SAME | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY - ST - ZIP | | | |
| 3.1 TITLE | SD EISENBERG, DIANNE | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | SAME | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY - ST - ZIP | | | |
| 4.1 TITLE | TD CROWN, MARTHA | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | SAME | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY - ST - ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (changed or on an attachment), with an address.

SIGNATURE: *Charlotte Levine* 2/19/96 305-868-7616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Charlotte Levine

CR2E037 (12/95)