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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 741543

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/07/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1901485
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EISINGER, DENNIS 4000 HOLLYWOOD BLVD SUITE E265 SOUTH HOLLYWOOD FL 33021		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORSON, PEG E.	1.2 NAME	
STREET ADDRESS	10155 COLLINS AVE	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACHTER, JAYNE	2.2 NAME	MARTHA CROWN
STREET ADDRESS	10155 COLLINS AVE	2.3 STREET ADDRESS	10155 COLLINS AVE
CITY-ST-ZIP	BAL HARBOUR FL 33154	2.4 CITY-ST-ZIP	BAL HARBOUR FL 33154
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTEN, LEON	3.2 NAME	COHEN, LEON COHEN
STREET ADDRESS	10155 COLLINS AVE	3.3 STREET ADDRESS	SAME (CORRECT)
CITY-ST-ZIP	BAL HARBOUR FL 33154	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWN, MARTHA	4.2 NAME	LEVINE CHARLOTTE
STREET ADDRESS	10155 COLLINS AVE	4.3 STREET ADDRESS	401 Golden Isles DR #505
CITY-ST-ZIP	BAL HARBOUR FL	4.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlotte Turker* **SIGNATURE REQUIRED** 1/28/99 305-868-7616  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)