


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/1 **FILED**
Aug 07, 2008 8:00 am
Secretary of State

07-14-2008 90027 013 ****61.25

DOCUMENT # 741543					
1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1901485	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISINGER, DENNIS 4000 HOLLYWOOD BLVD SUIT E265 SOUTH HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 re-appointing)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD TRAVIS, THOMAS 10155 COLLINS AVE BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESLER, ALLEN 10155 COLLINS AVE BAL HARBOUR, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cohen, Leon 10155 Collins Ave Bal Harbour FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VP-Sec ROSENFELD, JEAN 10155 COLLINS AVE BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE Dir. NAME STREET ADDRESS CITY-ST-ZIP	Milgram, Jacobo 10155 Collins Ave Bal Harbour FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Div. NAME STREET ADDRESS CITY-ST-ZIP	Schreiber, Rabbi 10155 Collins Ave Bal Harbour FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Dir. NAME STREET ADDRESS CITY-ST-ZIP	Singer, Theodore 10155 Collins Ave Bal Harbour FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Dir. NAME STREET ADDRESS CITY-ST-ZIP	Farbman, Fred 10155 Collins Ave Bal Harbour, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Leon Cohen</i>		7-10-08		305-868-7616	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

