

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743679 (3)
 1. Corporation Name
THE BALMORAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **9801 COLLINS AVE. BAL HARBOUR FL 33154**
 Mailing Address: **9801 COLLINS AVE. BAL HARBOUR FL 33154**

3. Date Incorporated or Qualified: **07/24/1978**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-1843961**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Country

9. Name and Address of Current Registered Agent
**HAMMER, SELMA
 9801 COLLINS AVENUE, #5F
 BAL HARBOUR FL 33154**

10. Name and Address of New Registered Agent
 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 NAME: HERSCHMAN, ROBERT STREET ADDRESS: 9801 COLLINS UNIT 9J CITY-ST-ZIP: BAL HARBOUR FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: President 1.2 NAME: Ralph Cipolla 1.3 STREET ADDRESS: 4801 Collins Unit 14-D 1.4 CITY-ST-ZIP: Bal Harbour, Fl.
TITLE: VD NAME: OLT, ANDRE STREET ADDRESS: 9801 COLLINS AVE UNIT 4-U CITY-ST-ZIP: BAL HARBOUR FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Vice - President 2.2 NAME: SONDR A DEUTSCH 2.3 STREET ADDRESS: 9801 Collins Unit 14-Z 2.4 CITY-ST-ZIP: Bal Harbour, Fl.
TITLE: SD NAME: HAMMER, SELMA STREET ADDRESS: 9801 COLLINS AVE UNIT 5-F CITY-ST-ZIP: BAL HARBOUR FL	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BECHER, SHELDON STREET ADDRESS: 9801 COLLINS AVE UNIT PH-4 CITY-ST-ZIP: BAL HARBOUR FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: *Sandra Deutsch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SONDRA DEUTSCH Vice-President**
 Date: **6/13/96**
 Daytime Phone #: **(905) 866-7792**

CR2E037 (3/96)