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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33154-1815
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/24/1978	3a. Date of Last Report 06/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1843961	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 MRS. HELGA SCHY
82. Street Address (P.O. Box Number is Not Acceptable) 9801 COLLINS AVE., PH-3
83.
84. City BAL HARBOUR
85. Zip Code FL 33154

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 **NELGA SCHY, SECRETARY**
Nelga Schy
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RALPH CIPOLLA		1.2 NAME IRWIN SHAAB (P)	
STREET ADDRESS 9801 COLLINS UNIT 14-D		1.3 STREET ADDRESS 9801 COLLINS AVE UNIT 14-V	
CITY-ST-ZIP BAL HARBOUR FL		1.4 CITY-ST-ZIP BAL HARBOUR, FL 33154	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE SONDRA DEUTSCH (VP)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SONDRA DEUTSCH		2.2 NAME 9801 Collins Ave Unit 14-Z	
STREET ADDRESS 9801 COLLINS UNIT 14-Z		2.3 STREET ADDRESS Bal Harbour, FL 33154	
CITY-ST-ZIP BAL HARBOUR FL		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SECRETARY (SD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMMER, SELMA		3.2 NAME HELGA SCHY	
STREET ADDRESS 9801 COLLINS AVE UNIT 5-F		3.3 STREET ADDRESS 9801 COLLINS AVE., PH-3	
CITY-ST-ZIP BAL HARBOUR FL		3.4 CITY-ST-ZIP BAL HARBOUR, FL 33154	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TREASURER (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECHER, SHELDON		4.2 NAME IRWIN SHAAB	
STREET ADDRESS 9801 COLLINS AVE UNIT PH-4		4.3 STREET ADDRESS 9801 COLLINS AVE UNIT 14-V	
CITY-ST-ZIP BAL HARBOUR FL		4.4 CITY-ST-ZIP BAL HARBOUR, FL 33154	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Robert Herschman (D)	
STREET ADDRESS		5.3 STREET ADDRESS 9801 Collins Ave Unit 9-J	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Bal Harbour, FL 33154	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME Sue Herling (D)	
STREET ADDRESS		6.3 STREET ADDRESS 9801 Collins Ave Unit 5-E	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Bal Harbour, FL 33154	

14. I do 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.

SIGNATURE: *Id. Design* **SELMA HAMMER** *2/12/97* (68) 811-2292

CFR2037 (9/96)