


FILE NOW: FILING FEE IS \$61.25

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**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 07/24/1978	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1843961		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

SCHY, HELGA M
9801 COLLINS AVE
PH-3
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 **FL** 85 Zip Code

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		<input type="checkbox"/> DELETE
TITLE	P	
NAME	SHAAB, IRWIN	
STREET ADDRESS	9801 COLLINS AVE UNIT 14-V	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SONDRA DEUTSCH	
STREET ADDRESS	9801 COLLINS UNIT 14-Z	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHY, HELGA	
STREET ADDRESS	9801 COLLINS AVE PH-3	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHAAB, IRWIN	
STREET ADDRESS	9801 COLLINS AVE UNIT 14-V	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERSCHMAN, ROBERT	
STREET ADDRESS	9801 COLLINS AVE UNIT 9-J	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERLING, SUE	
STREET ADDRESS	9801 COLLINS AVE UNIT 5-E	
CITY-ST-ZIP	BAL HARBOUR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1/14/98 (305) 866-7792

CR2E037 (10/97)