FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 743679

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

2. Principal Place of Business **21**	2a. Mailing Address **26**	3. Date Incorporated or Qualifed **07/24/1978**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	4. FEI Number **59-1843961** — Applied For / Not Applicable
City & State **23**	City & State **28**	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip **24** / Country **25**	Zip **29** / Country **30**	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

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	SELMA HAMMER
82	Street Address (P.O. Box Number is Not Acceptable)	9801 Collins ave. Unit 5-F
83		
84	City	Bal Harbour
85	Zip Code	33154

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 _Selma Hammer_   DATE 2/8/99

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** NAME **SHAAB, IRWIN** STREET ADDRESS **9801 COLLINS AVE UNIT 14-V** CITY-ST-ZIP **BAL HARBOUR FL**	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VP** NAME **SONDRA DEUTSCH** STREET ADDRESS **9801 COLLINS UNIT 14-Z** CITY-ST-ZIP **BAL HARBOUR FL**	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **SD** NAME **SCHY, HELGA** STREET ADDRESS **9801 COLLINS AVE PH-3** CITY-ST-ZIP **BAL HARBOUR FL**	☒ DELETE	3.1 TITLE Secretary 3.2 NAME HAMMER, SELMA 3.3 STREET ADDRESS 9801 Collins Ave. Unit 5-F 3.4 CITY-ST-ZIP Bal Harbour, FL 33154	☐ Change ☐ Addition
TITLE **T** NAME **SHAAB, IRWIN** STREET ADDRESS **9801 COLLINS AVE UNIT 14-V** CITY-ST-ZIP **BAL HARBOUR FL**	☐ DELETE	4.1 TITLE Treasurer 4.2 NAME Yachnowitz, Joseph 4.3 STREET ADDRESS 9801 Collins Ave. Unit 12-M 4.4 CITY-ST-ZIP Bal Harbour, FL 33154	☐ Change ☐ Addition
TITLE **D** NAME ~~HERSCHMAN, ROBERT~~ STREET ADDRESS ~~9801 COLLINS AVE UNIT 9-J~~ CITY-ST-ZIP **BAL HARBOUR FL**	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME ~~HERLING, SUE~~ STREET ADDRESS ~~9801 COLLINS AVE UNIT 5-E~~ CITY-ST-ZIP **BAL HARBOUR FL**	☒ DELETE	6.1 TITLE / 6.2 NAME NADLER, DAVID 6.3 STREET ADDRESS 9801 Collins Ave. Unit 12-J 6.4 CITY-ST-ZIP Bal Harbour, FL 33154	☐ Change ☐ Addition

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: _Selma Hammer_   SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99   (305) 866-7792
Date   Daytime Phone #

CR2E037 (11/98)