

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N04000004341**  
 1. Entity Name  
**BAL-BRIDGE NORTH CONDOMINIUM ASSOCIATION, INC.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 NOV 28 AM 10:47

Principal Place of Business  
 10240 COLLINS AVENUE  
 BAL HARBOR, FL 33154

Mailing Address  
 10240 COLLINS AVENUE  
 BAL HARBOR, FL 33154

**REINSTATEMENT 05**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**c/o Gaughan 10240 Collins Ave**  
 Suite, Apt. #, etc.  
**#208**

10122005 REIN-NP CR2E099 (6/04)

City & State  
**Bal Harbour, FL**

4. FEI Number  
**20-3731501**

Applied For  
 Not Applicable

Zip Country Zip Country  
**33154 Miami-Dade**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAUSER, MARC**  
**1111 KANE CONCOURSE**  
**SUITE 616**  
**BAY HARBOR ISLANDS, FL 33154**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**200061291992**  
**11/09/05-01000-002 \*\*220 05**  
 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 **11/24/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2006, Fee will be \$297.50**

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAUGHAN, ROSEMARY 10240 COLLINS AVENUE BAL HARBOR, FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, CAROL 10240 COLLINS AVENUE BAL HARBOR, FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLLAZO, ROBERT 10240 COLLINS AVENUE BAL HARBOR, FL 33154 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARBARA GEHRING 2421 LAKE PANCOAST DR MIAMI BEACH FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARBARA GEHRING 2421 LAKE PANCOAST DR MIAMI BEACH FL 33140 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: DATE **11/17/05** DAYTIME PHONE # **305-868-6737**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #