

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N11161 (9)
1. Corporation Name
80 PARK DRIVE AT BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 80 PARK DR BAL HARBOUR FL 33154 US	Mailing Address C/O JOHNSON 80 PARK DR SUITE 3 BAL HARBOUR FL 33154 US
--	--

3. Date Incorporated or Qualified 09/18/1985	
4. FEI Number 59-2644916	Applied For <input type="checkbox"/> Not Applicable
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 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 28 40 LAMON, 80 PARK DR		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 5		
City & State 23	City & State 28 BAL HARBOUR, FL		
Zip 24	Country 25	Zip 29 33154	Country 30 USA

9. Name and Address of Current Registered Agent

**RONDO, ANDRES J.
STE. 500
999 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAVELUKES, ALEX	1.2 NAME	
STREET ADDRESS	80 PARK DR. #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	
TITLE	DK <input type="checkbox"/> DELETE	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JEFF	2.2 NAME	
STREET ADDRESS	80 PARK DR, SUITE 3	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	
TITLE	DK <input type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLETON, CHRISTOPHER	3.2 NAME	
STREET ADDRESS	80 PARK DR #2	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALECKAR, MARY (MRS. WIL)	4.2 NAME	LAMON, WALTER/ANN
STREET ADDRESS	80 PARK DR #5	4.3 STREET ADDRESS	80 PARK DR #5
CITY-ST-ZIP	BAL HARBOUR FL	4.4 CITY-ST-ZIP	BAL HARBOUR, FL
TITLE	DK <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, KERRY	5.2 NAME	
STREET ADDRESS	80 PARK DRIVE #4	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, GEORGE/GRACE	6.2 NAME	GRODIN, PIERRE/MARIJOL
STREET ADDRESS	80 PARK DRIVE #5	6.3 STREET ADDRESS	80 PARK DRIVE #5
CITY-ST-ZIP	BAL HARBOUR FL	6.4 CITY-ST-ZIP	BAL HARBOUR, FL

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] **3/9/98 (305) 861 0157**

CR2E037 (10/97)