

2001 UNIFORM BUSINESS REPORT (UBR)

02-08-2002 90014 047 236.25

N11161

0016763

DOCUMENT # N11161

1. Entity Name

80 PARK DRIVE AT BAL HARBOUR CONDOMINIUM ASSOCIATION

Principal Place of Business

80 PARK DR
BAL HARBOUR FL 33154
US

Mailing Address

80 PARK DR APPLETON
APT #2
BAL HARBOUR FL 33154
US

2. Principal Place of Business

3. Mailing Address

80 Park Dr.-Collins

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 3

City & State

City & State

Bal Harbour, FL

Zip

Country

Zip

Country

33154

US

4. FEI Number

59-2644916

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Patrick Collins
Street Address (P.O. Box Number is Not Acceptable)
80 Park Dr. #3
City
Bal Harbour FL Zip Code
33154

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-02

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLLINS, PAT 80 PARK DR STE 3 BAL HARBOUR FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP APPLETON, CHRISTOPHER 80 PARK DR #2 BAL HARBOUR FL 33154	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRONDIN, PIERRE/MARJOL 80 PARK DRIVE, #5 BAL HARBOUR FL 33154	<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
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	DP COLLINS, PAT 80 PARK DR STE 3 BAL HARBOUR FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPENCE, KERRY 31 MONUMENT SQUARE CHARLESTOWN MA 02129	<input type="checkbox"/> Change <input checked="" 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
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:

SIGNATURE REQUIRED

1-21-02

305866-3608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (5/01)

REINSTATEMENT 01-02