


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N11161
 1. Entity Name
80 PARK DRIVE AT BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 80 PARK DR BAL HARBOUR, FL 33154 US	Mailing Address 80 PARK DR - COLLINS APT #3 BAL HARBOUR, FL 33154 US
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04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2644916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**COLLINS, PATRICK
 80 PARK DR #3
 BAL HARBOUR, FL 33154**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

U00000140937
 04/29/04-80178-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLINS, PAT 80 PARK DR STE 3 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPENCE, KERRY 31 MONUMENT SQUARE CHARLESTOWN, MA 02129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRONDIN, PIERRE/MARIJOL 80 PARK DRIVE, #5 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 endorsements.

SIGNATURE: *Patrick Collins* **4-26-04** ³⁰⁵ **866-3608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #