


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 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
---	---



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2644916	Applied For Not Applicable
-----------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

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

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 24 AUSTIN ST CHARLESTOWN, MA 02129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOOTE, ELIZABETH 80 PARK DR #2 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	

U00000767751
 07/10/07-80017-020 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patrick Collins Jul 5, 2007 305-866-3608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #