FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

BAL HARBOR BOULEVARD CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



PUNTA GORDA FL 33950-5256			PUNTA GORDA FL 33950-8257			
					3. Date Incorporated or Qualified 10/08/1985	3a. Date of Last Report 04/19/1996
2. Principal F	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		31-1148785	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	untry	8. This corporation has fiability for	
24	25	29	30		Florida Statutes X Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
				B1 Name		
DELANE	Y. AT.			82 Street	Address (P.O. Box Number is Not Acceptab	10)
	AL HAROBR 202				Silect Address (F.O. Box Number is Not Acceptable)	
	GORDA FL 33950			83		
1 9(1)/1	00,1511 1 2 00000			84 City		leel 7:- 0-d-
				84 City		FL 85 Zip Code
11. Pursuant office or agent. I s	to the provisions of Sections 617.05 registered agent, or both, in the Statem familiar with, and accept the obli	02 and 617.1508, Florida S le of Florida. Such change i gations of, Section 617.050	tatutes, the a was authorize 3, Florida Sta	bove-named d by the corp tutes.	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE						
	Signalure, typed or printed name of registered a	 		d Agent signature	required when reinstating)	DATE
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	DP .	☐ DELETE				Change Addition
NAME	HEFFERNAN, RAYMOND		1.2 N	AME		
STREET ADDRESS	3700 BAL HARBOR BLVD 2	03	1.3 \$	TREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL			ITY-ST-ZIP		
TITLE	DV	☐ DELETE	211	ITLE		Change Addition
NAME	DECARLE, DAVID		2.2 N	AME		
STREET ADDRESS				TREET ADDRESS	. 1,	
CITY-ST-ZIP	PUNTA GORDA FL			CHTY-ST-ZIP		
TITLE	DST	☐ DELETE	311	ITLE		Change Addition
NAME	DELANEY, J.T.		3.2 N	ame		
STREET ADDRESS	3700 BAL HARBOR BLVD #	202	3.3 S	TREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL			CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.11	ITLE		Change Addition
NAME	O'KEEFE, THOMAS P		4.21	NAME		
STREET ADDRESS	2289 MORNING POINT		4.3 S	TREET ADDRESS		
CITY-ST-ZIP	ROAM SHORES OH 44084			ITY-ST-ZIP		
TITLE		☐ DELETE	5.1 T	ITLE		☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS			5.3 S	TREET ADDRESS		
CITY-ST-ZIP		·		ITY-ST-ZIP		
TITLE		☐ DELETE	6.1 T	ITLE		Change Addition
NAME 1			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET ADDRESS		
CiTY-ST-7iP	I		11.4	1TY_ST_71P		

Too 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 onanged, or on an attachment with an address.