FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

N11483

(7)

BAL HARBOR BOULEVARD CONDOMINIUM ASSOCIATION, IN

FILED
May 27 1998 8:00am
Secretary of State

C.						
Principal Place of Business		Mailing Address	Mailing Address			# 188(1) on 11601 (101) aloni 18:00 till aloli aloli aloli aloli aloli aloli
3700 BAL HARI PUNTA GORDA		3700 BAL HARBOR BLVD 202 PUNTA GORDA FL 33950-5256			3. Date Incorporated or Qualified 10/08/1985	
						4. FEI Number Applied For
Principal Place of Business 2a. Mailing Address						31-1148785 Not Applicable
21 26						5. Certificate of Status Desired
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be
22 27						Trust Fund Contribution Added to Fees
City & State						7. Is this nonprofit corporation a homeowners association?
23 Zip	Zip Country Zip		Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	
DELANEY, J.T.			t	82 Street Address (P.O. Box Number is Not Acceptable)		
3700 BAL HAROBR 202 PUNTA GORDA FL 33950			ŀ	83		
PUNIA	GUMDA FL 33800		L			
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the					named co	orporation submits this statement for the purpose of changing its registered
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						
Signature, typed or printed name of registered agent and little if applicable (NOTI 12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OTTIOE 137	DELETE	1.1 TIT	LE		☐ Change ☐ Addition
NAME	I I I I I I I I I I I I I I I I I I I		1.2 NAME			
STREET ADDRESS	A T A A A A A A A A A A A A A A A A A A		1.3 STREET ADDRESS		DDRESS .	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-S		-ZIP	
TITLE	DV DELETE		2.1 TIT	2.1 TIYLE		☐ Change ☐ Addition
NAME	DECARLE, DAVID		2.2 NAM		Ī	'
STREET ADDRESS	9700 BAL HARBOR BLVD,	#102	2.3 STREET ADDR		DDRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP		Tobara Tabilia
TITLE	DST DELETE			3.1 TITLE 3.2 NAME		Change Addition
NAME ATREET ADDRESS	DELANEY, J.T. 9700 BAL HARBOR BLVD #202			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS	NUMBER CORDS EL					•
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	_			4. 2 NAME		
STREET ADDRESS	AAAA AAAAAAAAA			4.3 STREET ADDRESS		
CITY-ST-ZIP				AACITY OT ZID		DIRECTOR
TITLE		☐ DELETE	5.1 TITLE			PATRICIA M. DUFFY Change Addition
NAME			5.2 NAME			3700 BAL HARBOR BLUD. # 205
STREET ADDRESS	ADDRESS		5.3 ST	5.3 STREET ADDRESS		PATRICIA M. DUFFY Change Addition 3700 BAL ITANBON BLUD. # 205 PUNTA GONDA, FL. 33\$50
CITY-ST-ZIP			5.4 CI	5.4 CITY - ST - ZIP		
TITLE	DELETE		6.1 1∄	6.1 TITL€		L. Change L. Addition
NAME			6.2 NA			
STREET ADDRESS					adoress	
CITY-ST-ZIP		10 At 1 At 2	6.4 CI			Lin Continue 110 07/20/ii Florida Statutas I further continuthat the information

4. Thereby 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 certifier or the corporation or the certifier or the corporation or the certifier or the corporation of the corporat

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