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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11483**

1. Corporation Name
BAL HARBOR BOULEVARD CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
3700 BAL HARBOR BLVD 202 PUNTA GORDA FL 33950-5256	3700 BAL HARBOR BLVD 202 PUNTA GORDA FL 33950-5256

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/08/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1148785 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DELANEY, J.T.
3700 BAL HAROBR 202
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HEFFERNAN, RAYMOND		1.2 NAME		
STREET ADDRESS	3700 BAL HARBOR BLVD 203		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DECARLE, DAVID		2.2 NAME		
STREET ADDRESS	3700 BAL HARBOR BLVD, #102		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DELANEY, J.T.		3.2 NAME		
STREET ADDRESS	3700 BAL HARBOR BLVD #202		3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'KEEFE, THOMAS P		4. 2 NAME		
STREET ADDRESS	2289 MORNING POINT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROAM SHORES OH 44084		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	DV	☒ Change ☐ Addition
NAME	DUFFY, PATRICIA M		5.2 NAME	DUFFY, PATRICIA M.	
STREET ADDRESS	3700 BAL HARBOR BLVD #205		5.3 STREET ADDRESS	3700 BAL HARBOR BLVD #205	
CITY-ST-ZIP	PUNTA GORDA FL 33950		5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	JOHNS, JAMES R		6.2 NAME	JOHNS, JAMES R	
STREET ADDRESS	3700 BAL HARBOR BLVD #201 →		6.3 STREET ADDRESS	3700 BAL HARBOR BLVD #201	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		6.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.T. Delaney SIGNATURE REQUIRED J.T. DELANEY 4/5/99 941 637 8905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)