

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11483

1. Entity Name

BAL HARBOR BOULEVARD CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

3700 BAL HARBOR BLVD 202
PUNTA GORDA FL 33950-5256

Mailing Address

3700 BAL HARBOR BLVD 202
PUNTA GORDA FL 33950-8257

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEFFERNAN, RAYMOND 3700 BAL HARBOR BLVD 203 PUNTA GORDA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DELANEY, J.T. 3700 BAL HARBOR BLVD #202 PUNTA GORDA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KEEFE, THOMAS P 2289 MORNING POINT ROAM SHORES OH 44084 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DUFFY, PATRICIA M 3700 BAL HARBOR BLVD #205 PUNTA GORDA FL 33950 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, JAMES R 3700 BAL HARBOR BLVD, #201 PUNTA GORDA FL 33950 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90201 018 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1148785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)