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Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. McPham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40479 (0)

PARK PLACE OF BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 90 PARK DR. SUITE S BAL HARBOUR FL 33154 US  
Mailing Address: 90 PARK DR. SUITE S BAL HARBOUR FL 33154 US

3. Date incorporated or Qualified: 10/22/1990  
4. FEI Number: 65-0225712  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
KENT, SUSAN  
9130 SOUTH DAELAND BLVD.  
DALTRAN 2 25TH FLOOR  
MIAMI FL 33156

10. Name and Address of New Registered Agent  
81 Name: MINOLA M. NICOLAU  
82 Street Address (P.O. Box Number is Not Acceptable): 90 PARK DR. SUITE #6  
83  
84 City: BAL HARBOUR FL 85 Zip Code: 33154

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: *Minola Nicolau* MINOLA NICOLAU 1/29/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENT, SUSAN	
STREET ADDRESS	90 PARK DR., STE. 4	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	NICOLAU, MINOLA	
STREET ADDRESS	90 PARK DR., STE. 6	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PINTER, ZOLTAN	
STREET ADDRESS	90 PARK DR., STE. 5	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDREW LAIBE	
1.3 STREET ADDRESS	90 PARK DR STE 3	
1.4 CITY-ST-ZIP	BAL HARBOUR FL 33154	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	YVETTE PEREZ	
2.3 STREET ADDRESS	90 PARK DR STE 1	
2.4 CITY-ST-ZIP	BAL HARBOUR FL 33154	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Yvette Perez* YVETTE PEREZ 1-28-98

CFR2037 (10/97)