

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N11161 (9)

1. Corporation Name

80 PARK DRIVE AT BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

80 PARK DR
BAL HARBOUR FL 33154
US

Mailing Address

~~% T BRENNAN~~
~~401 68 ST #4M~~
~~MIAMI BEACH FL 33141~~
US



3. Date Incorporated or Qualified
09/18/1985

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2644916

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~IRIONDO, ANDRES J.~~

~~STE. 500~~

~~999 PONCE DE LEON BLVD.~~

~~CORAL GABLES FL 33104~~

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME FAVELUKES, ALEX

1.2 NAME

STREET ADDRESS 80 PARK DR. #1

1.3 STREET ADDRESS

CITY-ST-ZIP BAL HARBOUR FL

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME ~~BRENNAN, TERENCE~~

2.2 NAME

STREET ADDRESS ~~401 68 ST #4M~~

2.3 STREET ADDRESS

CITY-ST-ZIP ~~MIAMI BEACH FL~~

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME ~~MCENERY, ITA (MRS. WIL)~~

3.2 NAME

STREET ADDRESS 80 PARK DR #2

3.3 STREET ADDRESS

CITY-ST-ZIP BAL HARBOUR FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME MALECKAR, MARY (MRS. WIL)

4.2 NAME

STREET ADDRESS 80 PARK DR #5

4.3 STREET ADDRESS

CITY-ST-ZIP BAL HARBOUR FL

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME SPENCE, KERRY

5.2 NAME

STREET ADDRESS 80 PARK DRIVE #4

5.3 STREET ADDRESS

CITY-ST-ZIP BAL HARBOUR FL

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME MCLAUGHLIN, GEORGE/GRACE

6.2 NAME

STREET ADDRESS 80 PARK DRIVE #5

6.3 STREET ADDRESS

CITY-ST-ZIP BAL HARBOUR FL

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)