


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90027 005 ****61.25

0085110

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N11161		
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 40 LAMON, 80 PARK DRIVE SUITE 5 BAL HARBOUR FL 33154 US	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/18/1985 4. FEI Number 59-2644916 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

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 33134**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

6/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JEFF	2.2 NAME	Pat Collins
STREET ADDRESS	80 PARK DR, SUITE 3	2.3 STREET ADDRESS	80 PARK DR SUITE 3
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLETON, CHRISTOPHER	3.2 NAME	Appleton Christopher
STREET ADDRESS	80 PARK DR #2	3.3 STREET ADDRESS	80 PARK DR #2
CITY-ST-ZIP	BAL HARBOUR FL	3.4 CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, KERRY	4.2 NAME	
STREET ADDRESS	80 PARK DRIVE #4	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRONDIN, PIERRE/MARJOL	5.2 NAME	Grondin, Pierre / Marjol
STREET ADDRESS	80 PARK DRIVE, #5	5.3 STREET ADDRESS	80 PARK DR #5
CITY-ST-ZIP	BAL HARBOUR FL 33154	5.4 CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99

Date

(954) 359-3757

Daytime Phone #

CR2E037 (11/98)