FILED Apr 14, 2004 8:00 am

| ANNUAL REPORT (AR) | 2004 | NOT-FOR-PROFIT CORPORATION |)N |
|--------------------|------|----------------------------|----|
| | | ANNUAL REPORT (AR) | |

| DOCUMENT # N9700006032 1. Entity Name | | | | | | | Secretary of State 04-14-2004 90056 021 ****61.25 | | | | |
|---|--------------------------|---------------------------------------|--|-------------|-------------------------|------------|---|---|-----------------------------------|-----------------|--|
| THE MAJESTIC TOWER AT BAL HARBOUR COND ASSOCIATION, INC. | | | | M | | | | 200130000 | | .40 | |
| Principal Place of Business | | | Mailing Address | | , | | | | | | |
| 9601 COLLI BAL HARBO | | 54 | 9601 COLLINS AVE MIAMI FL 33154 | | | | | | | | |
| | | | | | | j |) 100 0000000000000000000000000000000000 | 1860 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 | A Collo C all Col l | | M 11 11 11 11 11 11 11 11 11 11 11 11 11 |
| 2. Principal P | | iess | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | MOORE CR2E037 (11/03) | | | | |
| City & State | e | | City & State | | | | 4. FEI Number 65 | 5-0804484 | | | olied For Applicable |
| Zip | | Country | Zip Country | | | | 5. Certificate of Sta | | Fee R | '5 Additequired | |
| | 6. Name | and Address of Current I | Registered Agent | | Name | | 7. Name and Addr | ress of New Registe | red Agent | | |
| BEC | KFR. PO | LIAKOFF PA | د ماهنده المنظمة المنظ | | | | | | | | |
| 520 | 1 BLUE L | AGOON DRIVE | | | Street Add | aress (F | P.O. Box Number is N | lot Acceptable) | - | | <u></u> - |
| | TE 100 MI FL 33 | 126 | | | | | | | | | |
| 1410 | | | | | City | | | | FL Zi | p Code | |
| 8. The above | named entit | v submits this statement for | the purpose of changing its | reaister | ed office or re | eaister | ed agent, or both, in t | | <u> </u> | r with, a | and accept |
| | ions of regis | | and purposed or criticing ing its | . og.dto. | 00 0 1100 0 1 | 9,510. | oo agam, a coun, ar | , to diale of the large, | Tarri Carrilla | ., | |
| SKANATURE | Signature, lyped | or printed name of registered agent a | and title if applicable. (NOTE | Registere | ed Agent signature | e required | when reinstating) | | DATE | | —– |
| e option to the term | dati karakta kata ka | | 256 254 | | | | | | ansie insta | W 644 | |
| FILE NOW: FEE IS \$61:25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State | | | | | | | | | | | |
| 10. | [P | OFFICERS AND DIF | | 11. | | | ADDITIONS/CHANGE | S TO OFFICERS AN | | | |
| TITLE NAME | ZELCER, F | ROSA | ☐ Delete | TITLI | | 44 4 4 | CRETARY | TEN | □ c | hange | Addition |
| STREET ADDRESS | 9601 COL | LINS AVE #706 | , | | EET ADDRESS | 960 | DI COLLINS AVE | # 210 | | | |
| CITY-ST-ZIP | | OUR FL 33154 | | CITY | /-ST-ZIP | | HARBOUR, FL | . 33154 | | | |
| TITLE | KROP, LO | PC PI | . Delete | TITL | 1 | | SA GOTMAN | | □ c | hange | Addition |
| NAME STREET ADDRESS | , | LINS AVE #1710 | | NAM STRE | AE EET ADDRESS | # - 460 | I COLLINS AU | E.PH-101 | | | |
| CITY-ST-ZIP | BAL HARB | 30UR FL 33154 | | | /-ST-ZIP | | L HARBOUR, | | | | |
| TITLE | T | | Delete_ | TITL | حيا سديد سي | · | | and the second comments of | 0 | hange | ☐ Addition |
| NAME STREET ADDRESS | LINZER, J. 19601 COLI | AUK LINS AVE # 808 | | NAM | AE EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | OUR FL 33154 | | | -ST-ZIP | | | | | | |
| TITLE | D | | ☐ Delete | TITL | E | _ | - | | c | hange | ☐ Addition |
| NAME STREET ADDRESS | SOLOWAY | r, MARK LINS AVE #1410 | | NAM | ME EET ADDRESS | | | | | | |
| CITY-ST-ZIP | BAL HARB | OUR FL 33154 | | • | -ST-ZIP | | | | | | |
| TITLE | D COEN YA | | ☐ Delete | TITL | E | | | | C | hange | Addition |
| NAME | OREN, YA 9601 COL | LINS AVE # PH-404 | | NAM | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | BAL HARE | 30UR FL 33154 | | | EET ADDRESS (-ST-ZIP | | | | | | |
| TITLE | D | | ■ Delete | TITL | | | | | Пс | hange | Addition |
| NAME | ZELGER, I | ROSA LINS AVE # 706 | _ 33333 | NAM | AE . | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | BOUR FL 33154 | | | EET ADDRESS (-ST-ZIP | | | | | | |
| | Certify that th | e information supplied with | this filing does not qualify for | | | d in Sa | ection 119.07/3\/i\ Flo | urida Statutos I furthe | or cartifu the | at the in | formation |
| 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 4///04 305-864-0122 Dayline Phone # | | | | | | | | | | | |
| | | SIGNATURE AND TYPED OR P | THIS IELD NAME OF SIGNING OFFICER | OH OIREC | 1UH | | | Dale | Daytime P | mone # | |