

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40479

**FILED**  
**Feb 16, 2017**  
**Secretary of State**  
**CC5456286320**

**Entity Name:** PARK PLACE OF BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

90 PARK DR.  
6  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

90 PARK DR.  
6  
BAL HARBOUR, FL 33154 US

**FEI Number: 65-0225712**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NICOLAU, MINOLA  
90 PARK DR.  
STE 6  
BAL HARBOUR, FL 33154 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            S  
Name            GAIL, HART  
Address        90 PARK DR. #5  
City-State-Zip: BAL HARBOUR FL 33154

Title            T  
Name            NICOLAU, MINOLA  
Address        90 PARK DR., STE. 6  
City-State-Zip: BAL HARBOUR FL 33154

Title            VP  
Name            PEREZ, YVETTE  
Address        90 PARK DR 1  
City-State-Zip: MIAMI BEACH FL 33154

Title            PRESIDENT  
Name            NEE, COLEMAN  
Address        90 PARK DR APT 2  
City-State-Zip: BAL HARBOUR FL 33154

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MINOLA NICOLAU**

**TREASURER**

**02/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date