

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90109 019 \*\*\*\*61.25

**DOCUMENT # 716366**

1. Entity Name  
**BAL HARBOUR CHATEAUX CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1008 APOLLO BEACH BLVD.  
UNIT NO. 101  
APOLLO BEACH, FL 33572 US**

Mailing Address  
**7001 TEMPLE TERRACE HIGHWAY  
TEMPLE TERRACE, FL 33637 US**

**60012062**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1516397**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN VORIS, JOHN I  
201 N. FRANKLIN ST  
SUITE 2200  
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONNOLLY, THOMAS P	
STREET ADDRESS	12 LOUISE ST	
CITY-ST-ZIP	DELMAR, NY 12054	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, RANDALL	
STREET ADDRESS	149 SHIRAZ ST	
CITY-ST-ZIP	ALABASTER, AL 35007	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MULDER, ED	
STREET ADDRESS	C/O S TR. MORT., 14802 N DALE MABRY#333	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMBRIANO, JOE	
STREET ADDRESS	1008 APOLLO BEACH BLVD. #106	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEPUE, RUTH	
STREET ADDRESS	1008 APOLLO BEACH BLVD.	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLAS, ROBERT	
STREET ADDRESS	32242 BARKLEY	
CITY-ST-ZIP	LIVONIA, MI 48154	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leblanc, Roger	
STREET ADDRESS	1008 APOLLO BEACH BLVD #213	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kettler, Bob	
STREET ADDRESS	10205 OAK ROAD	
CITY-ST-ZIP	OTISVILLE, MI 48463	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Robert Nicholas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-9-7 813-980-7000**