


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90028 043 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1516397	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNOLLY, THOMAS P		NAME	Bell, Richard	
STREET ADDRESS	12 LOUISE ST		STREET ADDRESS	1008 APOLLO BEACH BLVD #202	
CITY-ST-ZIP	DELMAR, NY 12054		CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, RANDALL		NAME	Kelly, Jim	
STREET ADDRESS	149 SHIRAZ ST		STREET ADDRESS	704 Medline way	
CITY-ST-ZIP	ALABASTER, AL 35007		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULDER, ED		NAME	SAME	
STREET ADDRESS	C/O S TR. MORT, 14802 N DALE MABRY#333		STREET ADDRESS	SAME	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	SAME	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBLANC, ROGER		NAME	LUCAS, DON	
STREET ADDRESS	1008 APOLLO BEACH BLVD SUITE 213		STREET ADDRESS	1008 APOLLO BEACH BLVD 207	
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETTLER, BOB		NAME	LUCAS, DON	
STREET ADDRESS	10205 OAK RD		STREET ADDRESS	1008 APOLLO BEACH BLVD 207	
CITY-ST-ZIP	OTISVILLE, MI 48463		CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS, ROBERT		NAME	SAME	
STREET ADDRESS	32242 BARKLEY		STREET ADDRESS	SAME	
CITY-ST-ZIP	LIVONIA, MI 48154		CITY-ST-ZIP	SAME	
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: <i>Robert Nicholas</i> Robert Nicholas 2-1-08 813-980-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					