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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725081 (4)

1. Corporation Name

BARCELONA CONDOMINIUM NORTH, INC.

Principal Place of Business	Mailing Address
7686 WILES ROAD COCONUT SPRINGS FL 33067	7686 WILES ROAD COCONUT SPRINGS FL 33067-2069

3. Date Incorporated or Qualified: 12/19/1972
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1482324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILES, JAMES R.
7686 WILES ROAD
COCONUT SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEAULIEU, ROLAND		1.2 NAME		
STREET ADDRESS	251 SOUTH CYPRESS RD #114		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL 33060		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	ROGERS, JANET G		2.2 NAME		
STREET ADDRESS	257 S CYPRESS RD #433		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BC		2.4 CITY-ST-ZIP	Pompano Beach 33060	
TITLE	DT	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	FAUTEUX, WINNIFRED		3.2 NAME	Sis Saul	
STREET ADDRESS	251 S CYPRESS RD #131		3.3 STREET ADDRESS	259 S Cypress Rd # 546	
CITY-ST-ZIP	POMPANO BCH FL		3.4 CITY-ST-ZIP	Pompano Beach FL. 33060	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLEMMENS, WILLIAM		4.2 NAME		
STREET ADDRESS	257 S. CYPRESS ROAD #410		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Secy	☐ Change ☒ Addition
NAME	HASLETT, JEFF		5.2 NAME	Jeff Haslett	
STREET ADDRESS	257 S CYPRESS RD #437		5.3 STREET ADDRESS	257 S. Cypress Rd # 437	
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST-ZIP	Pompano Beach 33060	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	MUNSHEN, ESTHER		6.2 NAME		
STREET ADDRESS	259 SOUTH CYPRESS ROAD		6.3 STREET ADDRESS	259 S. Cypress Rd. # 536	
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [illegible] **REQUIRED** Jes. 4-18-97 954 943-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025588