

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743679 (3)
1. Corporation Name
THE BALMORAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
9801 COLLINS AVE.
BAL HARBOUR FL 33154

Mailing Address
9801 COLLINS AVE.
BAL HARBOUR FL 33154

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1978		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1843961		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAMMER, SELMA 9801 COLLINS AVENUE, #5F BAL HARBOUR FL 33154				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PD	HERSCHMAN, ROBERT		<input checked="" type="checkbox"/> DELETE			
NAME	9801 COLLINS UNIT 9J	BAL HARBOUR FL					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	VD	OLTI, ANDRE		<input checked="" type="checkbox"/> DELETE			
NAME	9801 COLLINS AVE UNIT 4-U	BAL HARBOUR FL					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	SD	HAMMER, SELMA		<input type="checkbox"/> DELETE			
NAME	9801 COLLINS AVE UNIT 5-F	BAL HARBOUR FL					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	TD	BECHER, SHELDON		<input checked="" type="checkbox"/> DELETE			
NAME	9801 COLLINS AVE UNIT PH-4	BAL HARBOUR FL					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME	Ralph Cipolla						
1.3 STREET ADDRESS	9801 Collins Unit 14-D						
1.4 CITY-ST-ZIP	Bal Harbour, FL						
2.1 TITLE	Vice - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME	SONDRA DEUTSCH						
2.3 STREET ADDRESS	9801 Collins Unit 14-Z						
2.4 CITY-ST-ZIP	Bal Harbour, FL						
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra Deutsch*
SONDRA DEUTSCH Vice-President
6/13/96 (905) 866-7792
Date Daytime Phone #

CR2E037 (3/96)