


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90002 040 \*\*\*\*61.25

<b>DOCUMENT # 765778</b>					
<b>1. Entity Name</b> BAL HARBOR PLACE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3670 BAL HARBOR BLVD PUNTA GORDA, FL 33950			<b>Mailing Address</b> 100 SULLIVAN STE 112 PUNTA GORDA, FL 33950 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2403255	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GREENE, JOAN F 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VPD <b>NAME</b> DONOVAN, JOHN <b>STREET ADDRESS</b> 3670 BAL HARBOR BLVD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> DONOVAN, JOHN <b>STREET ADDRESS</b> 3670 BAL HARBOR BLVD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> GEIS, JEAN <b>STREET ADDRESS</b> 3670 BAL HARBOR BLVD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> GEIS, JEAN <b>STREET ADDRESS</b> 3670 BAL HARBOR BLVD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> MARTIN, DAVID <b>STREET ADDRESS</b> 3670 BAL HARBOR BLVD. <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>John Donovan</u> <span style="float: right;">3/6/06</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					