


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90056 013 ****61.25

DOCUMENT # 765778 1. Entity Name BAL HARBOR PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3670 BAL HARBOR BLVD PUNTA GORDA, FL 33950			Mailing Address 100 SULLIVAN STE 112 PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2403255	
Zip		Country		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	
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	
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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, JOHN		NAME		
STREET ADDRESS	3670 BAL HARBOR BLVD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEIS, JEAN		NAME	HARRY COX	
STREET ADDRESS	3670 BAL HARBOR BLVD		STREET ADDRESS	20-D HERITAGE CRES	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	SOUTHURY CT 06488	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DAVID		NAME		
STREET ADDRESS	3670 BAL HARBOR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Harry Cox</i></u> 3/4/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					