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FILED
Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768740** (3)

1. Corporation Name

BAL HARBOUR CLUB, INC.



Principal Place of Business 10201 COLLINS AVENUE BAL HARBOUR FL 33154 US	Mailing Address 10201 COLLINS AVENUE BAL HARBOUR FL 33154-1415 US
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3. Date Incorporated or Qualified 07/15/1946	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business 21 10201 Collins Avenue Suite, Apt. #, etc. 22	2a. Mailing Address 26 10201 Collins Avenue Suite, Apt. #, etc. 27
City & State 23 Bal Harbour FL Zip 24 33154	City & State 28 Bal Harbour FL Zip 29 33154
Country 25 Dade	Country 30 Dade

4. FEI Number 59-0580020	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent DIFRISCO, PEGGY 10201 COLLINS AVE. BAL HARBOUR FL 33154

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
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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
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12. OFFICERS AND DIRECTORS	
TITLE SD	<input type="checkbox"/> DELETE
NAME GRAY, PHYLLIS	
STREET ADDRESS 54 PARK DRIVE	
CITY-ST-ZIP BAL HARBOUR FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME OLSEN, RICHARD	
STREET ADDRESS 10201 COLLINS AVENUE	
CITY-ST-ZIP BAL HARBOUR FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME VENTURI, CHARLES	
STREET ADDRESS 159 BAL BAY DR	
CITY-ST-ZIP BAL HARBOUR FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME STUDDLE, GEORGE	
STREET ADDRESS 116 BAL BAY DRIVE	
CITY-ST-ZIP BAL HARBOUR FL	
TITLE D	<input type="checkbox"/> DELETE
NAME IMBESI, JOSEPH	
STREET ADDRESS 10201 COLLINS AVENUE	
CITY-ST-ZIP BAL HARBOUR FL 33154	
TITLE D	<input type="checkbox"/> DELETE
NAME LANG, ANTHONY	
STREET ADDRESS 10201 COLLINS AVENUE	
CITY-ST-ZIP BAL HARBOUR FL 33154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Olsen, Richard	PD
1.3 STREET ADDRESS 224 Bal Bay Drive	
1.4 CITY-ST-ZIP Bal Harbour FL	
2.1 TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Lang, Anthony	VD
2.3 STREET ADDRESS 156 Park Drive	
2.4 CITY-ST-ZIP Bal Harbour FL	
3.1 TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Studdle, George	VD
3.3 STREET ADDRESS 116 Bal Bay Drive	
3.4 CITY-ST-ZIP Bal Harbour FL	
4.1 TITLE Treasurer/Asst. Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Venturi, Charles	
4.3 STREET ADDRESS 159 Bal Bay Drive	TD
4.4 CITY-ST-ZIP Bal Harbour, FL	
5.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME James V. Cammisa, Jr.	
5.3 STREET ADDRESS 10150 Collins Avenue	
5.4 CITY-ST-ZIP Bal Harbour, FL 33154	
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 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.

CR2E037 (9/96)