

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Non-PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768740 Amended

1. Corporation Name

Bal Harbour Club, Inc.

Principal Place of Business

Mailing Address

**10201 Collins Avenue
Bal Harbour, FL 33154**

2. Principal Place of Business

2a. Mailing Address

21 Same
Suite, Apt. #, etc.

26 Same
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Country

29
Country

9. Name and Address of Current Registered Agent

81 Name Kristen Rosen

82 Street Address 10201 Collins Avenue

83

84 City Bal Harbour

FL 85 Zip 33154

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Kristen Rosen**

Signature typed or printed name of registered agent and the corporation

DATE

DATE

12. OFFICERS AND DIRECTORS

11 TITLE P D
NAME William Beckham

12 STREET ADDRESS

13 CITY-STATE-ZIP

14 TITLE VP S D
NAME Elaine Cooney

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 TITLE S D
NAME Pierre Grondin

18 STREET ADDRESS

19 CITY-STATE-ZIP

20 TITLE T D
NAME Manuel Mosteiro

21 STREET ADDRESS

22 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P T D
NAME Joseph Imbesi

12 STREET ADDRESS

13 CITY-STATE-ZIP

14 TITLE VP S D
NAME Orla Imbesi

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 TITLE D
NAME Richard Stoker

18 STREET ADDRESS

19 CITY-STATE-ZIP

20 TITLE
NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Imbesi, President

4/23/99

FILE

DATE

(205) 866-1687

FILED
99 APR 26 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7/15/46

4. FEI Number
59-0580020

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 owes the current year intangible
Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CR2E034 (1/1/98)