

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90414 019 ****61.25

DOCUMENT # 768740

1. Entity 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
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0580020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, PAT
10201 COLLINS AVE.
BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME IMBESI, JOSEPH
STREET ADDRESS 175 CAMDEN DRIVE
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE VSD ☐ Delete
NAME IMBESI, ORLA
STREET ADDRESS 175 CAMDEN DRIVE
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE D ☒ Delete
NAME IMBESI, LAWRENCE
STREET ADDRESS 10150 COLLINS AVENUE
CITY-ST-ZIP BAL HARBOR FL 33154

TITLE D ☒ Delete
NAME IMBESI, MARK
STREET ADDRESS CUMBERLAND AVENUE
CITY-ST-ZIP ESTELL MANOR NJ 08319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph Imbesi, President 4/7/06 (305)866-1687