FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01399** **(7)**

1. Corporation Name
BAL HARBOUR CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
224 BAL BAY DRIVE BAL HARBOUR FL 33154-3220	224 BAL BAY DRIVE BAL HARBOUR FL 33154-3220

3. Date Incorporated or Qualified: **02/10/1984**
3a. Date of Last Report: **11/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-2371092** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OLSEN, RICHARD H. ESQ.
224 BAL BAY DRIVE
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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OLSEN, JOHN R		1.2 NAME		
STREET ADDRESS	224 BAL BAY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR FL 33154		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, CHARLES		2.2 NAME		
STREET ADDRESS	268 BAL BAY DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CULLEN, JAMES		3.2 NAME		
STREET ADDRESS	259 BAL BAY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR FL 33154		3.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LELCHUK, IRA		4.2 NAME		
STREET ADDRESS	169 CAMDEN DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR FL 33154		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	URIBE, ANDREW		5.2 NAME		
STREET ADDRESS	90 PARK DR. APT 9		5.3 STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR FL 33154		5.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VENTURI, CHARLES		6.2 NAME		
STREET ADDRESS	159 BAL BAY DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR FL 33154		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 4/9/96 305/861-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)