2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01399

FILED Mar 09, 2009 Secretary of State

Entity Name: BAL HARBOUR CIVIC ASSOCIATION, INC.

| Current Principal Place of Business: | | New Principal Place o | New Principal Place of Business: | |
|---|--|---|--------------------------------------|--|
| 655 96TH : BAL HARE | ST BOUR, FL 33154 | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| P.O. BOX : SURFSIDE | 545929 E, FL 33154 | | | |
| FEI Number: | : FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () | |
| Name and | Address of Current Registered Agent: | Name and Address of | New Registered Agent: | |
| CORBISIE 63 BAL BA BAL HARE | | | | |
| | named entity submits this statement for the of Florida. | e purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUF | | | | |
| | Electronic Signature of Registered A | Agent | Date | |
| OFFICERS | S AND DIRECTORS: | ADDITIONS/CHANGE | S TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DT () Delete CORBISIERO, PHIL 63 BAL BAY DR BAL HARBOUR, FL 33154 | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | DP () Delete SOBEL, STEWART 271 BAL CROSS DR BAL HARBOUR, FL 33154 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete WOLF, DAVID 223 BAL BAY DR BAL HARBOUR, FL 33154 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete WUOLLET, GUY 110 BALFOUR DRIVE BAL HARBOUR, FL 33154 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete LEVIN, ALISON 121 CAMDEN DR. BAL HARBOUR, FL 33154 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete BYSTOOK, BETSEY 80 PARK ONUE, #5 BAL HARBOUR, FL 33154 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Lie le | | City of Zip. | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP CORBISIERO DT 03/09/2009