2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003
Secretary of State

DOCUMENT# N01399

Entity Name: BAL HARBOUR CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

655 96TH ST
BAL HARBOUR, FL 33154

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 54-6110
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 59-2371092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLF, DAVID
223 BAL BAY DR
BAL HARBOUR, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DT	( ) Delete
Name:	WOLF, DAVID	
Address:	223 BAL BAY DR	
City-St-Zip:	MIAMI, FL 33154	
Title:	DP	( ) Delete
Name:	AUDOLF, DOUG	
Address:	212 BAL BAY DR	
City-St-Zip:	MIAMI, FL 33154	
Title:	DPV	( ) Delete
Name:	JACKAMO, NICOLE	
Address:	97 COMMON DR	
City-St-Zip:	MIAMI, FL 33154	
Title:	D	( ) Delete
Name:	SHEVLIN, SUSIE	
Address:	161 CAMDEN DRIVE	
City-St-Zip:	BAL HARBOUR, FL 33154	
Title:	D	( ) Delete
Name:	BERLIN, GINA	
Address:	67 BAL BAY DRIVE	
City-St-Zip:	BAL HARBOUR, FL 33154	
Title:	D	( ) Delete
Name:	CORBISIRRO, PHIL	
Address:	63 BAL BAY DR	
City-St-Zip:	MIAMI, FL 33154	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID WOLF DT 01/09/2003
Electronic Signature of Signing Officer or Director — Date