

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 12 AM 11:49

DOCUMENT # N05000007021

1. Entity Name
BAL HARBOUR CITIZENS COALITION, INC.



Principal Place of Business
9601 COLLINS AVE
BAL HARBOUR, FL 33154

Mailing Address
9601 COLLINS AVE
BAL HARBOUR, FL 33154



08152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3135683

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBS, W TUCKER
215 GRAND AVE
COCONUT GROVE, FL 33133

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IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KROP, MICHAEL K
9601 COLLINS AVE
BAL HARBOUR, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CELLINI, DINA
211 BAL CROSS DR
BAL HARBOUR, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEDINELLI, EMME
10205 COLLINS AVE
BAL HARBOUR, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300109587803
09/18/07--01059--002 **61.24

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-07 308-4668 (305)

Date

Daytime Phone