

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**



05072008 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

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | D                     |
| NAME           | KROP, MICHAEL K       |
| STREET ADDRESS | 9601 COLLINS AVE      |
| CITY-ST-ZIP    | BAL HARBOUR, FL 33154 |
| TITLE          | D                     |
| NAME           | CELLINI, DINA         |
| STREET ADDRESS | 211 BAL CROSS DR      |
| CITY-ST-ZIP    | BAL HARBOUR, FL 33154 |
| TITLE          | D                     |
| NAME           | PEDINELLI, EMME       |
| STREET ADDRESS | 10205 COLLINS AVE     |
| CITY-ST-ZIP    | BAL HARBOUR, FL 33154 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**DO NOT WRITE  
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:**

*Dina V. Cellini* - Dina V. Cellini V.P. 9-4-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

305-3084668