

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90026 019 \*\*\*\*61.25

**DOCUMENT # N09641**

**1. Entity Name**  
**BAL HARBOR CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**  
**3830 BAL HARBOR BLVD.**  
**PUNTA GORDA, FL 33950-8212**

**Mailing Address**  
**6025 TAYLOR ROAD, #2**  
**C/O STAR HOSPITAL MANAGEMENT**  
**PUNTA GORDA, FL 33950 US**

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
**65-0009067**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**STAR HOSPITALITY MANAGEMENT**  
**6025 TAYLOR ROAD, STE 2**  
**PUNTA GORDA, FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**

*Penny Stiffler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/24/08*

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PD ☐ Delete  
**NAME** ROTH, KATHLEEN  
**STREET ADDRESS** 3830 BAL HARBOR BLVD., #6  
**CITY-ST-ZIP** PUNTA GORDA, FL 339508212

**TITLE** *HOWARD BEST NP* ☐ Change ☒ Addition  
**NAME** *3830 BAL HARBOR BLVD. #27*  
**STREET ADDRESS** *Punta Gorda, FL*  
**CITY-ST-ZIP**

**TITLE** TD ☐ Delete  
**NAME** STIFFLER, PENNY  
**STREET ADDRESS** 3830 BAL HARBOR BLVD., #1  
**CITY-ST-ZIP** PUNTA GORDA, FL 339508212

**TITLE** *LORNA GEGGIS/D* ☐ Change ☒ Addition  
**NAME** *3830 BAL HARBOR BLVD UNIT #4*  
**STREET ADDRESS** *PUNTA GORDA, FL 33950*  
**CITY-ST-ZIP**

**TITLE** SD ☐ Delete  
**NAME** PETERSON, DONALD  
**STREET ADDRESS** 3830 BAL HARBOR BLVD., #5  
**CITY-ST-ZIP** PUNTA GORDA, FL 339508212

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** DVP ☒ Delete  
**NAME** WIRTH, MARTIN  
**STREET ADDRESS** 55 COTSWOLD CIR  
**CITY-ST-ZIP** OUAN TOWNSHIP, NJ 07712

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Penny Stiffler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/08*

Date

Daytime Phone #