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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 1:49

DOCUMENT # N11161 (9)

1. Corporation Name

80 PARK DRIVE AT BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2644916	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
80 PARK DR BAL HARBOUR FL 33154 US		% T BRENNAN 401 69TH STR. APT 9J MIAMI BCH FL 33141-3125 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	Country
24	25	29 33141-3125	30 USA

9. Name and Address of Current Registered Agent

IRIONDO, ANDRES J.
STE. 500
999 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	D
NAME	MEADLEY, LOUISE	1.2 NAME	FAVELUKES, ALEX
STREET ADDRESS	80 PARK DR. #1	1.3 STREET ADDRESS	80 PARK DR #1
CITY - ST - ZIP	BAL HARBOUR FL	1.4 CITY - ST - ZIP	BAL HARBOUR, FL 33154
TITLE	T	2.1 TITLE	T/S
NAME	BRENNAN, TERRENCE	2.2 NAME	BRENNAN, T.
STREET ADDRESS	401 69TH ST., APT. 9J	2.3 STREET ADDRESS	401 69TH ST APT 4M
CITY - ST - ZIP	MIAMI BCH. FL	2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33141
TITLE	VD	3.1 TITLE	D
NAME	MCENERY, ITA (MRS. WILL)	3.2 NAME	MCENERY, William/ITA
STREET ADDRESS	80 PARK DR #2	3.3 STREET ADDRESS	80 PARK #2
CITY - ST - ZIP	BAL HARBOUR FL	3.4 CITY - ST - ZIP	BAL HARBOUR, FL 33154
TITLE	DP	4.1 TITLE	D
NAME	MALECKAR, MARY (MRS. WIL)	4.2 NAME	MALECKAR, William/MARY
STREET ADDRESS	80 PARK DR #5	4.3 STREET ADDRESS	80 PARK DR #5
CITY - ST - ZIP	BAL HARBOUR FL	4.4 CITY - ST - ZIP	BAL HARBOUR, FL 33154
TITLE		5.1 TITLE	PRES/D
NAME		5.2 NAME	SPENCE, KERRY
STREET ADDRESS		5.3 STREET ADDRESS	80 PARK DR #4
CITY - ST - ZIP		5.4 CITY - ST - ZIP	BAL HARBOUR, FL 33154
TITLE		6.1 TITLE	D
NAME		6.2 NAME	MCHEALIAN, GEORGE/GRACE
STREET ADDRESS		6.3 STREET ADDRESS	80 PARK DR #6
CITY - ST - ZIP		6.4 CITY - ST - ZIP	BAL HARBOUR, FL 33154

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ TERRY BRENNAN Secretary, Transucor 3/3/95 (505) 865-4128