


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90002 032 ****61.25

DOCUMENT # N11483 1. Entity Name BAL HARBOR BOULEVARD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3700 BAL HARBOR PUNTA GORDA, FL 33950			Mailing Address 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENE, JOAN F 100 SULLIVAN ST 112 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, PAT		NAME	Robert Duffy	
STREET ADDRESS	706 DE-TOWNE LANE		STREET ADDRESS	706 Town Lane	
CITY-ST-ZIP	CHATHAM, MA 02633		CITY-ST-ZIP	Chatham MA 02633	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'KEEFE, THOMAS		NAME		
STREET ADDRESS	2289 MORNING POINT		STREET ADDRESS		
CITY-ST-ZIP	ROAMING SHORES, OH 44084		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURER, LAWRENCE		NAME	Tony Preston	
STREET ADDRESS	1717 W ROUND LAKE RD		STREET ADDRESS	3700 Bal Harbor Blvd # 105	
CITY-ST-ZIP	DEWITT, MI 48820		CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, JAMES R		NAME		
STREET ADDRESS	3278 BANBERRY SOUTH		STREET ADDRESS		
CITY-ST-ZIP	LANSING, MI 48906		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURER, LAWRENCE E		NAME		
STREET ADDRESS	1711 WEST ROUND LAKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	DEWITT, MI 48820		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Patricia M. Duffy</u> 3/5/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small>					