pr 24 07 08:35p Sophia Cirka

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90082 010 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40479

1. Entity Name
PARK PLACE OF BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.

40100267

Principal Place of Business	Mailing Address
90 PARK DR. 2 BAL HARBOUR, FL 33154 US	90 PARK DR. 2 BAL HARBOUR, FL 33154 US

04242007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 65-0225712 ☐ 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
BRYAN, AUDREY S 90 PARK DR. SUITE #2 BAL HARBOUR, FL 33154	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: Audrey S. Bryan 4/26/07
Signature, typed or printed name of registered agent and date is required. NOTE: Registered Agent signature required when reinstated. DATE

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S DELAPLAINE, SOBIE 60 PARK DR VILLA F BAL HARBOUR, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delaplaine Sophie 90 Park Dr # 4 Bal Harbour, FL 33154 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NICOLAU, MINOLA 90 PARK DR., STE. 6 BAL HARBOUR, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRYAN, AUDREY 90 PARK DR., STE 2 BAL HARBOUR, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: (X) _____ (X) 4/26/07 305 7985642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ck # 1127 4/25/07