## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2008 8:00 am Secretary of State

DOCUMENT # N40479  1. Entity Name PARK PLACE OF BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.				04-02-2008 90024 039 ****61.25			
Principal Place 90 PARK DR. 2		Mailing Address 90 PARK DR. 2					
	JR, FL 33154 US	BAL HARBOUR, FL 3315	54 US _				
	Place of Business - No P.O. Box #	3. Mailing Address	0.11E	! INBULEN OUR BLEIN NACH ALEIN INBUR LUIN ARAM CLOU NICH CLUI RICH RICH REILMEN AL INDU			
Suite, Apt.		90 PANK D Suite, Apt. #, etc.	LLIVE	03152008 Cho-NP CR2F037 (12/06)			
#	Ь	# 6		Olig-III Olizzoor (1200)			
City & State	HARBOUR FL	City & State BAL HARSO	un FL	4. FEI Number Applied For 65-0225712 Not Applicat	ble		
Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional			
3315	6. Name and Address of Current		WIBMI DI				
	•	Kegisteled Agent	Name	MINOLA NICOLAU			
BRYAN, AUDREY S 90 PARK DR.			Street A	Street Address (P.O. Box Number is Not Acceptable)			
SUITE #2				90 PANK DRIVE STE G			
BAL HARE	BOUR, FL 33154		0'5				
			City	BAL HARBOUR FL Zip Code 3315 4			
	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or	r registered agent, or both, in the State of Florida. I am familiar with, and accept	pt		
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SIGNATURE .	(A symposis) mos		JUA MI	COULT (BURNEY C)	X		
	Signature, tweed or pointed harne of regularist agent	and title if applicable. (NOTE: I	Registered Agent signat	ture required when reinstating) DATE			
	Signature, typed or mining that the of regulared egent	\		ture required when reinstating)	v		
	Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees Make check payable to Fiorida Department of State			
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICEBS AND OIR	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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12. Thereby certify that the information supplied with this himg 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:

· Company man

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