

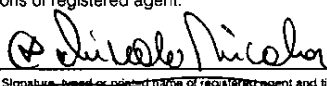

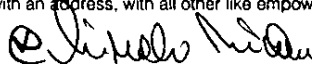
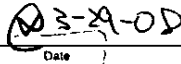
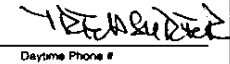


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90024 039 ****61.25

DOCUMENT # N40479 1. Entity Name PARK PLACE OF BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 90 PARK DR. 2 BAL HARBOUR, FL 33154 US			Mailing Address 90 PARK DR. 2 BAL HARBOUR, FL 33154 US		
2. Principal Place of Business - No P.O. Box # 90 PARK DRIVE Suite, Apt. #, etc. # 6 City & State BAL HARBOUR FL Zip 33154 Country MIAMI DADE		3. Mailing Address 90 PARK DRIVE Suite, Apt. #, etc. # 6 City & State BAL HARBOUR FL Zip 33154 Country MIAMI DADE			
03152008 Chg-NP CR2E037 (12/06)				4. FEI Number 65-0225712	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRYAN, AUDREY S 90 PARK DR. SUITE #2 BAL HARBOUR, FL 33154			7. Name and Address of New Registered Agent Name MINOLA NICOLAU Street Address (P.O. Box Number is Not Acceptable) 90 PARK DRIVE STE 6 City BAL HARBOUR FL Zip Code 33154		
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  MINOLA NICOLAU - TREASURER  3-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	S DELAPlAINE, SOBIE 90 PARK DR. #4 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELAPlAINE, SOPHIE 90 PARK DR. #4 BAL HARBOUR, FL 33154		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICOLAU, MINOLA 90 PARK DR., STE. 6 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, AUDREY 90 PARK DR., STE 2 BAL HARBOUR, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PEREZ, YVETTE 90 PARK DRIVE # 1 BAL HARBOUR, FL 33154		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILCOX, BETTY Same		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  MINOLA NICOLAU  3-29-08  TREASURER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #</small>					