


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000003411 1. Entity Name THE PALACE AT BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 10101 COLLINS AVE. BAL HARBOUR, FL 33154	Mailing Address 10101 COLLINS AVE. BAL HARBOUR, FL 33154	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PRUESS, PAUL 10101 COLLINS AVENUE BAL HARBOUR, FL 33154		DO NOT WRITE IN THIS SPACE
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 _____ <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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	T GILINSKI, PERLA	
NAME	10101 COLLINS AVE	
STREET ADDRESS	BAL HARBOUR, FL 33154	
CITY - ST - ZIP		
CITY - ST - ZIP		
TITLE	DVP RAKOWSKI, HENRY	
NAME	10101 COLLINS AVE	
STREET ADDRESS	BAL HARBOUR, FL	
CITY - ST - ZIP		
CITY - ST - ZIP		
CITY - ST - ZIP		
TITLE	D MORALIS, LISA	
NAME	10101 COLLINS AVE	
STREET ADDRESS	BAL HARBOUR, FL 33154	
CITY - ST - ZIP		
CITY - ST - ZIP		
CITY - ST - ZIP		
TITLE	D TARAN, ALBERT	
NAME	10101 COLLINS AVE	
STREET ADDRESS	BAL HARBOUR, FL 33154	
CITY - ST - ZIP		
CITY - ST - ZIP		
CITY - ST - ZIP		
TITLE	P PRUESS, PAUL	
NAME	10101 COLLINS AVE	
STREET ADDRESS	BAL HARBOUR, FL 33154	
CITY - ST - ZIP		
CITY - ST - ZIP		
CITY - ST - ZIP		
TITLE	SD GILINSKI, LAZAR	
NAME	10101 COLLINS AVE	
STREET ADDRESS	BAL HARBOUR, FL 33154	
CITY - ST - ZIP		
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: <i>Paul Pruess</i> Paul Pruess April 13, 06 (305) 866-5588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0534129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/29/06-80143-022 61.25