FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 12 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # 736429 (2)

1. Corporation Name

BELLA MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
367 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441	367 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1976
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-1801076 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WISE, PAUL D.
367 SOUTH FEDERAL HIGHWAY
#C-318
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: Art Witholt
82 Street Address (P.O. Box Number is Not Acceptable): 367 South Federal Highway #114
83
84 City: Deerfield Beach FL 85 Zip Code: 33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lois C. Giorgetti Art Witholt DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	WISE, PAUL D.	12 NAME	Art Witholt
STREET ADDRESS	367 S FEDERAL HWY #C-318	13 STREET ADDRESS	367 S. Federal Hwy. #114
CITY-ST-ZIP	DEERFIELD BCH FL	14 CITY-ST-ZIP	Deerfield Bch, Fl. 33441
TITLE	VS	21 TITLE	VPD ☒ Change ☐ Addition
NAME	DEWEY, ROBERT	22 NAME	Lois Giorgetti
STREET ADDRESS	367 S FEDERAL HWY #C-418	23 STREET ADDRESS	367 S. Federal Hwy #208
CITY-ST-ZIP	DEERFIELD BCH FL	24 CITY-ST-ZIP	Deerfield Bch, Fl. 33441
TITLE	D	31 TITLE	SD ☒ Change ☐ Addition
NAME	MCGURN, CATHERINE	32 NAME	Jim Van Orsdel
STREET ADDRESS	367 S FEDERAL HWY A-417	33 STREET ADDRESS	367 S. Federal Hwy. #110
CITY-ST-ZIP	DEERFIELD BCH FL	34 CITY-ST-ZIP	Deerfield Bch, Fl. 33441
TITLE	D	41 TITLE	TD ☒ Change ☐ Addition
NAME	SUGAMASTO, GINO	42 NAME	Dorothy Navickas
STREET ADDRESS	367 S FEDERAL HWY B302	43 STREET ADDRESS	367 S. Federal Hwy. #219
CITY-ST-ZIP	DEERFIELD BCH FL	44 CITY-ST-ZIP	Deerfield Bch, Fl. 33441
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	HERZBERG, KURT	52 NAME	Ann Battles
STREET ADDRESS	367 S FEDERAL HWY C123	53 STREET ADDRESS	367 S. Federal Hwy. #302
CITY-ST-ZIP	DEERFIELD BCH FL	54 CITY-ST-ZIP	Deerfield Bch, Fl. 33441
TITLE		61 TITLE	D ☒ Change ☐ Addition
NAME		62 NAME	Bill Bishop
STREET ADDRESS		63 STREET ADDRESS	367 S. Federal Hwy. #121
CITY-ST-ZIP	RESIGNED BY BANK	64 CITY-ST-ZIP	Deerfield Bch, Fl. 33441

AP 4/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois C. Giorgetti - VP 3-9-95 561-395-4449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060039