

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736429 (2)
1. Corporation Name
BELLA MAR CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**367 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified
07/19/1976

3a. Date of Last Report
04/12/1995

4. FEI Number
59-1801076

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

9. Name and Address of Current Registered Agent

**WITHOLT, ART
367 SOUTH FEDERAL HIGHWAY
#114
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name **Paul D. Wise**
82 Street Address (P.O. Box Number is Not Acceptable)
367 S. Federal Hwy C-318
83 City
Deerfield Beach FL
84 Zip Code
33441

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Paul D. Wise President** **4-25-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WITHOLT, ART	
STREET ADDRESS	367 S. FED. HWY. #114	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GIORGETTI, LOIS	
STREET ADDRESS	367 S. FED. HWY. #208	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ORSDEL, JIM VAN	
STREET ADDRESS	367 S. FED. HWY. #110	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NAVICKAS, DOROTHY	
STREET ADDRESS	367 S. FED. HWY. #219	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATTLES, ANN	
STREET ADDRESS	367 S. FED. HWY. #302	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, BILL	
STREET ADDRESS	367 S. FED. HWY. #121	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul D. Wise	
1.3 STREET ADDRESS	367 S. Fed Hwy C-318	
1.4 CITY-ST-ZIP	Deerfield Beach FL 33441	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Judith Wise	
2.3 STREET ADDRESS	367 S Federal Hwy C-318	
2.4 CITY-ST-ZIP	Deerfield Beach FL 33441	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Walter Hall	
3.3 STREET ADDRESS	367 S. Fed Hwy B-306	
3.4 CITY-ST-ZIP	Deerfield Beach FL 33441	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lois Giorgetti	
4.3 STREET ADDRESS	367 S. Fed Hwy A-208	
4.4 CITY-ST-ZIP	Deerfield Beach FL 33441	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert Dewey	
5.3 STREET ADDRESS	367 S. Federal Hwy	
5.4 CITY-ST-ZIP	Deerfield Beach FL 33441	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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: **Paul D. Wise** **4-25-96** **954-570-3449**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)