

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736429

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90296 035 ****47.64

05-06-1999 90296 036 ****13.61



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/19/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1801076	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

BRIKNWORTH, JAMES
367 SOUTH FEDERAL HWY
SUITE C-318
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name BIRON, MARION
82 Street Address (P.O. Box Number is Not Acceptable) 367 SO. FEDERAL HWY
83
84 City DEERFIELD BCH FL 85 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 Marion S. Biron, President 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRINKWORTH, JAMES			1.2 NAME	BIRON, MARION		
STREET ADDRESS	367 S FEDERAL HWY			1.3 STREET ADDRESS	367 SO. FEDERAL HWY		
CITY-ST-ZIP	DEERFIELD BCH FL 33441			1.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33441		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'LEARY, JAMES			2.2 NAME	CHAMBERS, WALTER		
STREET ADDRESS	367 S FEDERAL HWY			2.3 STREET ADDRESS	367 SO. FEDERAL HWY		
CITY-ST-ZIP	DEERFIELD BCH FL 33441			2.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33441		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENEO, MAY			3.2 NAME	HRZBERG, KURT		
STREET ADDRESS	367 S FEDERAL HWY			3.3 STREET ADDRESS	367 SO. FEDERAL HWY		
CITY-ST-ZIP	DEERFIELD BCH FL 33441			3.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33441		
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAVERME, MARY ANN			4.2 NAME			
STREET ADDRESS	367 S FEDERAL HWY			4.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL 33441			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATTLES, ANN			5.2 NAME	BATTLE, ANN		
STREET ADDRESS	367 S FEDERAL HWY			5.3 STREET ADDRESS	367 SO. FEDERAL HWY		
CITY-ST-ZIP	DEERFIELD BCH FL 33441			5.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33441		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIRON, MARIAN			6.2 NAME	WOOTEN, DOLORES		
STREET ADDRESS	367 S FEDERAL HWY			6.3 STREET ADDRESS	367 SO. FEDERAL HWY		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			6.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33441		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Marion S. Biron, President 4/20/99 954 4277186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)