

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736429

1. Entity Name

BELLA MAR CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90110 013 \*\*\*\*61.25

Principal Place of Business 367 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441	Mailing Address 367 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1801076	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LAUER, MARK R JR 367 SOUTH FEDERAL HWY DEERFIELD BEACH FL 33441	7. Name and Address of New Registered Agent Name Biron, Marion Street Address (P.O. Box Number is Not Acceptable) 367 N. Federal Hwy. City Deerfield Beach FL Zip Code 33441
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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.

SIGNATURE Marion L. Biron, Sec. Tres. 4/19/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

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

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIRON, MARION 367 S FEDERAL HWY DEERFIELD BCH FL 33441 <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	PD LAUER, MARK R JR 367 S FEDERAL HWY DEERFIELD BCH FL 33441 <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	VD HERZBERG, KURT 367 S FEDERAL HWY DEERFIELD BCH FL 33441 <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	STD LAVERME, MARY ANN 367 S FEDERAL HWY DEERFIELD BCH FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATTLES, ANN 367 S FEDERAL HWY DEERFIELD BCH FL 33441 <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	D BIRON, MARIAN 367 S FEDERAL HWY DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: Marion L. Biron, Sec. Tres. 4-19-01 954-570-3449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment

DOC # 736479  
C0052589

BELLA MAR CONDOMIUM ASSN., INC

CSD                      ADDITION  
Wooten, Dolores  
367 N. Federal Hwy  
Deerfield Beach, Fl. 33441