

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Sep 22, 2005
Secretary of State**

DOCUMENT# 737381

Entity Name: BELLGROVE CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 11-4244428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLOS, PETER T
999 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: PETER T. CARLOS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAVANAUGH, JEAN
Address: 3054 SHIPPING AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: CARLOS, PETER T
Address: 999 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MILLER, JACOB P
Address: 3058 SHIPPING AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAVANAUGH, MICHAEL
Address: 3054 SHIPPING AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAREY, JOSEPH W
Address: 3058 SHIPPING AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER T. CARLOS

D

09/22/2005

Electronic Signature of Signing Officer or Director

Date