

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 746906 (7)
1. Corporation Name
THE BELMONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**10101 E BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154**

Mailing Address
**10101 E BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154-3706**

FILED
May 15 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1979		3a. Date of Last Report 01/25/1996	
21		26		4. FEI Number 59-1935876		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State Bay Harbor Islands FL		City & State Bay Harbor Islands FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip 33154-1201		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANTAMARINA, SYLVIA 10101 E BAY HARBOR DR., #403 BAY HARBOR ISLANDS FL 33154				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESON, J. CINDY	1.2 NAME	YUKEN, SALOMON
STREET ADDRESS	10101 E BAY HARBOR DR	1.3 STREET ADDRESS	10101 E. Bay Harbor E., #704
CITY-ST-ZIP	BAY HARBOR ISLAND FL	1.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DAVID	2.2 NAME	
STREET ADDRESS	10101 E BAY HARBOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIMERMAN, LILY	3.2 NAME	
STREET ADDRESS	10101 E BAY HARBOR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAMARINA, SYLVIA	4.2 NAME	SANTAMARINA, SYLVIA
STREET ADDRESS	10101 E BAY HARBOR DR	4.3 STREET ADDRESS	10101 E. Bay Harbor Dr. #403
CITY-ST-ZIP	BAY HARBOR ISLAND FL	4.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE IS REQUIRED

[Handwritten Signature] 305 864 6759

CR2E037 (9/96)