2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#746906

FILED Jan 15, 2004 Secretary of State

Entity Name: THE BELMONT CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	AY HARBOR [BOR, FL 33154					
Current M	lailing Addres	s:	New Mailii	ng Address:		
	AY HARBOR [BOR, FL 3315					
FEI Number:	: 59-1935876	FEI Number Applied For()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:	
2739 PARI HALLAND. The above in the State	e of Florida.		urpose of changing it	s registered o	office or registered agent, or b	ooth,
SIGNATUF		io Signatura of Dogistared Ago	nt		Data	
OFFICER		ic Signature of Registered Age		Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
	S AND DIREC	IORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIREC	IURS
Title: Name: Address: City-St-Zip:	ANDERSON, D	ARBOR DR, #706	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	YUKEN, SOLO	HARBOR DR, #704	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BACHARACK, N	HARBOR DR, #303	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	PHYSON, LAVE	HARBOR E., #607	Title: Name: Address: City-St-Zip:	YUKEN, SOLO	HARBOR DR., #704	
Title: Name: Address: City-St-Zip:	MARTINEZ-MAÍ	HARBOR DR., #710	Title: Name: Address: City-St-Zip:	MIEDES, ED	() Change()Addition HARBOR DR., #209 , FL 33154	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	LEDESMA, PE	HARBOR DR., #710	

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:	DAVID ANDERSON	PD	01/15/2004
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