

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751049

FILED
Jan 15, 2009
Secretary of State

Entity Name: BELLE PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

20 ISLAND AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

20 ISLAND AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-2016637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARS, GARY ESQ.
150 WEST FLAGLER, 27TH FLOOR
MUSEUM TOWER
MIAMI, FL 33130 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIFFENDERFER, GLENN S
Address: 20 ISLAND AVE STE 402
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: TARANTINO, DIEGO
Address: 20 ISLAND AVE STE 1102
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: MILLER, JOHN
Address: 20 ISLAND AVE. PH3
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: LARKIN, MICHAEL
Address: 20 ISLAND AVE. #709
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: MCGUGAN, DAVID
Address: 20 ISLAND AVE STE 1604
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KOFMAN, JEFFREY
Address: 20 ISLAND AVE STE 809
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DIFFENDERFER

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date