

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751368 (2)
1. Corporation Name
BEL MARRA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 665 ENFIELD STREET, P.O. BOX 294248, BOCA RATON FL 33429-4248
Mailing Address: 2200 NORTH FEDERAL HIGHWAY SUITE 212, BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 03/04/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2035341
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
~~LATTANZIO, FRANK~~
~~665 ENFIELD ST., 15B~~
~~BOCA RATON FL 33467~~

10. Name and Address of New Registered Agent
81 Name: JAMES G. PRATILLO
82 Street Address (P.O. Box Number is Not Acceptable): 660 DOVER STREET, A9
83 City: Boca Raton
84 City: Boca Raton FL 85 Zip Code: 33487

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 617.0509, Florida Statutes.

SIGNATURE: James S. Pratillo
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIESTLEY, RONALD	
STREET ADDRESS	660 DOVER ST #A3	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEILIG, JOHN	
STREET ADDRESS	660 DOVER STREET, A-10	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LATTANZIO, FRANK	
STREET ADDRESS	665 ENFIELD ST, B-15	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FUFIDIO, GEORGE	
STREET ADDRESS	665 ENFIELD ST., B-20	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	PRATILLO, JAMES	
STREET ADDRESS	660 DOVER ST #A9	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUFFA, CHARLES	
STREET ADDRESS	7 ELDOT COURT	
CITY-ST-ZIP	TEANECK NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRIESTLEY, RAYMOND	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Shapiro, Beverly	
6.3 STREET ADDRESS	660 DOVER STREET A19	
6.4 CITY-ST-ZIP	BOCA RATON, FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James S. Pratillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/2/98
Daytime Phone #: 407-347-1494

CR2E037 (12/95)