

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90006 036 ****70.00

DOCUMENT # **751368**
 1. Entity Name
Bel Marra Condominium Association, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business **465 Enfield Street**
 Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 880328**
 Suite, Apt. #, etc.

BC104088

DO NOT WRITE IN THIS SPACE

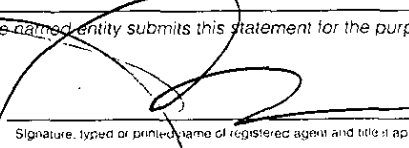
City & State **Boca Raton, FL** City & State **Boca Raton, FL**
 Zip **33486** Country **USA** Zip **33488-0328** Country **USA**

4. FEI Number **592035341** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Teresa Bishop
2200 Corporate Blvd. N.W.
Suite 220
Boca Raton, FL 33431

7. Name and Address of New Registered Agent
 Name **John R. Lonergan, Esq.**
 Street Address (P.O. Box Number is Not Acceptable) **13520 World Plaza Lane**
Suite 1
 City **Fort Myers** FL Zip Code **33907**

8. 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.

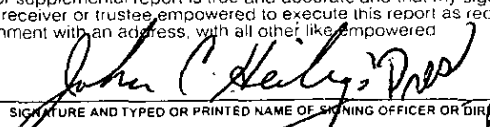
SIGNATURE  **John R. Lonergan, Esq.** **7-26-00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P JOHN HEILIG <input type="checkbox"/> Delete 660 DOVER STREET A-10 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP GEORGE FUFIDIO <input type="checkbox"/> Delete 665 ENFIELD STREET -B-20 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T MARY HEILIG <input type="checkbox"/> Delete 660 DOVER STREET A-10 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S GAIL STACKPOLE <input type="checkbox"/> Delete 660 DOVER STREET A-2 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ASST. TRES GLENDA MCUNNEY <input type="checkbox"/> Delete 665 ENFIELD STREET B-11 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- ELEANOR FUFIDIO <input type="checkbox"/> Delete 665 ENFIELD STREET -B-20 BOCA RATON, FL 33487

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ LAWRENCE FALLO <input type="checkbox"/> Change <input type="checkbox"/> Addition 248 NORTH CONGRESS AVE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN HEILIG PRES. 6-15-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date, time Page #