

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0087633

03-26-2001 90136 043 \*\*\*\*61.25

**DOCUMENT # 751368**

1. Entity Name

**BEL MARRA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

665 ENFIELD STREET  
 BOCA RATON FL 33486

Mailing Address

P O BOX 880328  
 BOCA RATON FL 33488-0328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2035341**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LONERGER, JOHN R ESQ**  
**12520 WORLD PLAZA LANE**  
**STE 1**  
**FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FALLO, LARRY	
STREET ADDRESS	660 DOVER STREET, A-16	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	FUFIDIO, GEORGE	
STREET ADDRESS	665 ENFIELD ST 8-20	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HEILIG, MARY	
STREET ADDRESS	660 DOVER ST. A-10	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	STACKPOLE, GAIL	
STREET ADDRESS	660 DOVER STREET A-2	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DAT	<input checked="" type="checkbox"/> Delete
NAME	MCUNE, GLENDA	
STREET ADDRESS	665 ENFIELD ST B-11	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HEILIG, JOHN	
STREET ADDRESS	660 DOVER STREET, A-10	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LORENE A.	
STREET ADDRESS	665 ENFIELD ST. B-19	
CITY-ST-ZIP	BOCA RATON, FL. 33487	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUFIDIO, GEORGE E.	
STREET ADDRESS	665 ENFIELD ST B-20	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILIG, MARY	
STREET ADDRESS	660 DOVER ST A-10	
CITY-ST-ZIP	BOCA RATON FL. 33487	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACKPOLE, GAIL	
STREET ADDRESS	660 DOVER ST. A-2	
CITY-ST-ZIP	BOCA RATON FL. 33487	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCUNE, GLENDA L.	
STREET ADDRESS	665 ENFIELD ST. B-11	
CITY-ST-ZIP	BOCA RATON, FL. 33487	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILIG, JOHN C.	
STREET ADDRESS	660 DOVER ST A-10	
CITY-ST-ZIP	BOCA RATON FL. 33487	

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: *X Mary Heilig R MARY HEILIG*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-22-01 X 561-241-5748

Date

Daytime Phone #

CR2E037 (10/00)