## 2007 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT #751368** 04-30-2007 90399 004 \*\*\*\*61.25 BEL MARRA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address **660 DOVER STREET** 40088023 **500 NE SPANISH RIVER BLVD** BOCA RATON, FL 33487 SUITE 18 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2035341 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIS, ERNEST W Street Address (P.O. Box Number is Not Acceptable) 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON, FL 33431 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Fiorida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE TChange TITLE **Delete** PRIESTLEY, RAYMOND NAME NAME 660 DOVER ST, # A3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP Addition TITLE Delete TITLE GRAY, MARY NAME NAME ,#a16 STREET ADDRESS 665 ENFIELD ST B8 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-7IP CiTY-ST-ZIP TITLE Delete TITLE RUDENZ, LORRAINE C NAME NAME 665 ENFIELD ST B2 STREET ADDRESS STREET ADDRESS - 33487 BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition PRIESTLEY, ALMA NAME NAME 1.Brook Way

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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660 DOVER ST, # A3

SMITH, MICHAEL

660 DOVER ST, # A11

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