

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90142 046 ****61.25

DOCUMENT # 751368

1. Entity Name
BEL MARRA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2200 N FEDERAL HIGHWAY
SUITE 212
BOCA RATON FL 33431**

Mailing Address
**2200 N FEDERAL HIGHWAY
SUITE 212
BOCA RATON FL 33431**



2. Principal Place of Business
5255 N. FEDERAL Hwy
Suite, Apt. #, etc.
2ND FLOOR

3. Mailing Address
5255 N. FEDERAL Hwy
Suite, Apt. #, etc.
2ND FLOOR

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number **59-2035341**

Applied For
 Not Applicable

Zip **33487** Country **US**

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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLAZURE, LENNIE
2200 N FEDERAL HIGHWAY
SUITE 212
BOCA RATON FL 33431**

Name **K. Patrick Whalen**
Street Address (P.O. Box Number is Not Acceptable)
5255 N. FEDERAL Hwy
2ND FLOOR
City **BOCA RATON** FL Zip Code **33487**

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

DATE **6/30/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAFFEE, HAROCO 660 DOVER STREET A20 BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEILIG, MARY 660 DOVER STREET A10 BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, KAREN 660 DOVER ST A-11 BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, BEVERLY 660 DOVER ST A19 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATIUIO, JAMES 660 DOVER STREET A9 BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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 emboweled.

SIGNATURE:

CR2E037 (10/02)