

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90233 045 ****61.25

DOCUMENT # N02000001480

1. Entity Name

BEL-AIRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

18305 BISCAYNE BLVD., SUITE 402
AVENTURA FL 33160

Mailing Address

18305 BISCAYNE BLVD., SUITE 402
AVENTURA FL 33160

14021706



MOORE

CR2E037 (11/03)

2. Principal Place of Business

18851 NE 29th Avenue

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

U.S.

Zip

33180

Country

U.S.

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C/O REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET, SUITE 2900
MIAMI FL 33131-2130

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. 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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD
NAME HALE, GABRIELLA ☐ Delete
STREET ADDRESS 18305 BISCAYNE BLVD., SUITE 402
CITY-ST-ZIP AVENTURA FL 33160

TITLE SD
NAME DIAZ, SHEILA ☒ Delete
STREET ADDRESS 18305 BISCAYNE BLVD., SUITE 402
CITY-ST-ZIP AVENTURA FL 33160

TITLE TD
NAME STEWART, KEN ☐ Delete
STREET ADDRESS 18305 BISCAYNE BLVD., SUITE 402
CITY-ST-ZIP AVENTURA FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gabriella Hale

Gabriella Hale

4/29/04

305 931-4959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #