

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP -9 AM 7:47

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                     |                                                                                   |                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>DOCUMENT # N02000001480</b><br>1. Entity Name<br>BEL-AIRE ON THE OCEAN CONDOMINIUM<br>ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                     |                                                                                   |                                                        |  |
| Principal Place of Business<br>6515 COLLINS AVE<br>MIAMI BEACH, FL 33141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                                                     | Mailing Address<br>6515 COLLINS AVE<br>MIAMI BEACH, FL 33141                      |                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | 3. Mailing Address                                                                  |                                                                                   |                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | Suite, Apt. #, etc.                                                                 |                                                                                   |                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | City & State                                                                        |                                                                                   |                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                           | Zip                                                                                 | Country                                                                           | 08182008 Chg-NP CR2E037 (12/06)                        |  |
| 4. FEI Number<br>20-1659228                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                     |                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                                     |                                                                                   | \$8.75 Additional<br>Fee Required                      |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                     | 7. Name and Address of New Registered Agent                                       |                                                        |  |
| BAKALAR & EICHLER PA<br>150 S PINE ISLAND RD SUITE 540<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                     |                                                                                   |                                                        |  |
| Amended AR is \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                   | \$5.00 May Be<br>Added to Fees                         |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                     |                                                                                   |                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>HALE, GABRIELLA<br>7891 SW 62 AVENUE<br>MIAMI, FL 33143                     | <input type="checkbox"/> Delete                                                     |                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>JACOBSON, ROBERT<br>2401 ANDERSON ROAD APT # 1<br>CORAL GABLES, FL 33134    | <input type="checkbox"/> Delete                                                     |                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>FLERSCHMAN, KENT<br>6515 COLLINS AVENUE APT # 1603<br>MIAMI BEACH, FL 33141 | <input checked="" type="checkbox"/> Delete                                          |                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>BARCELO, HUMBERTO<br>9361 SW 69TH RD<br>MIAMI, FL 33173                      | <input type="checkbox"/> Delete                                                     |                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>BERGESTROWN, MAGNUS<br>7891 SW 62 AVENUE<br>MIAMI, FL 33143                | <input type="checkbox"/> Delete                                                     |                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B 9/9/08                                                                          | <input type="checkbox"/> Delete                                                     |                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>HECKER, Johnny<br>6515 Collins Ave. Apt #1502<br>Miami Beach, FL 33141     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>BERGESTROWN, MAGNUS<br>7891 S.W. 62 AVENUE<br>MIAMI FL 33143                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                   |                                                        |  |
| 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. |                                                                                   |                                                                                     |                                                                                   |                                                        |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                                                     |                                                                                   |                                                        |  |
| Date: 8/28/08 (305) 866 4804<br><small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                     |                                                                                   |                                                        |  |