2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# N02000001480

Entity Name: BEL-AIRE ON THE OCEAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6515 COLLINS AVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6515 COLLINS AVE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-1659228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKALAR & EICHLER PA
150 S PINE ISLAND RD SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HALE, GABRIELLA
Address: 7891 SW 62 AVENUE
City-St-Zip: MIAMI, FL 33143 US

Title: TD ( ) Delete
Name: JACOBSON, ROBERT
Address: 2401 ANDERSON ROAD APT # 1
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPD ( ) Delete
Name: HECKER, JOHNNY
Address: 6515 COLLINS AVENUE APT # 1502
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: D ( ) Delete
Name: BARCELO, HUMBERTO
Address: 9361 SW 69TH RD
City-St-Zip: MIAMI, FL 33173 US

Title: PD ( ) Delete
Name: BERGESTROWN, MAGNUS
Address: 7891 SW 62 AVENUE
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: YUNIS, PEDRO
Address: 6515 COLLINS AVENUE APT#1509
City-St-Zip: MIAMI BEACH, FL 33143 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGNUS BERGESTROWN PD 06/24/2009

Electronic Signature of Signing Officer or Director — Date