

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

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90071 036 \*\*\*\*50.00  
 04-21-2004 90033 034 \*\*\*\*11.25

00420795



MOORE CR2E037 (11/03)

<b>DOCUMENT # N03000010978</b>					
1. Entity Name <b>BELLINI CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 10225 COLLINS AVE BAL HARBOUR FL 33154		Mailing Address 10225 COLLINS AVE BAL HARBOUR FL 33154			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>83-0393976</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PIOTRKOWSKI, JOEL S GREEN, KAHN &amp; PIOTRKOWSKI, PA 317-71ST ST MIAMI BEACH FL 33141</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
10. FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MARGULIES, MARTIN Z 455 GRAND BAY DR KEY BISCAVNE FL 33149 <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	S SELBY, SHANNON 455 GRAND BAY DR KEY BISCAVNE FL 33149 <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	T LOOBY, JACK 455 GRAND BAY DR KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		Date: <b>3-30-2004</b>		Daytime Phone #: <b>(305) 865-5707</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MARTIN E. MARGULIES</b>					

Attachment

420795  
# No 3006 10978

Form **SS-4**  
(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **83-0393976**  
OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested <b>BELLINI CONDOMINIUM ASSOCIATION, INC.</b>	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>10225 COLLINS AVENUE</b>	5a Street address (if different) (Do not enter a P.O. box.)
4b City, state, and ZIP code <b>BAL HARBOUR, FL 33154</b>	5b City, state, and ZIP code
6 County and state where principal business is located <b>MIAMI-DADE COUNTY, FLORIDA</b>	
7a Name of principal officer, general partner, grantor, owner, or trustor <b>MARTIN Z. MARGULIES</b>	7b SSN, ITIN, or EIN <b>095-30-9698</b>
8a Type of entity (check only one box)	
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120 OR 1120H</b> <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____	
8b If a corporation, name the state or foreign country (if applicable) where incorporated <b>FLORIDA</b>	Foreign country <b>N/A</b>
9 Reason for applying (check only one box)	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>CONDOMINIUM ASSOCIATION</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____	
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
10 Date business started or acquired (month, day, year) <b>DECEMBER 12, 2003</b>	11 Closing month of accounting year <b>DECEMBER</b>
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <b>OCTOBER, 2004</b>	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".	
<input type="checkbox"/> Agricultural <input type="checkbox"/> Household <input checked="" type="checkbox"/> Other <b>15</b>	
14 Check one box that best describes the principal activity of your business.	
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>CONDOMINIUM ASSOCIATION</b>	
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>CONDOMINIUM ASSOCIATION</b>	
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____	

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **MARTIN Z. MARGULIES, PRESIDENT** (305) 861-8711

Signature ▶ *[Signature]* Date ▶ \_\_\_\_\_ (305) 865-5747