

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 17 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005

DOCUMENT # N03000010978 1. Entity Name BELLINI CONDOMINIUM ASSOCIATION, INC.					
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 83-0393976	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S GREEN, KAHN & PIOTRKOWSKI, PA 317 - 71ST ST MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE				DATE <p style="text-align: right; font-size: 1.5em;">10-11-05</p>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				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 BISCAIYNE, 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 BISCAIYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060689725 10/17/05--01076--004 **236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOOBY, JACK 455 GRAND BAY DR KEY BISCAIYNE, FL 33149	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GIL WACHSMAN 10225 COLLINS AVE. #1803 BAL HARBOUR, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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	[Empty]	<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	[Empty]	<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)(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:				DATE <p style="text-align: right; font-size: 1.5em;">10/14/05</p>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	