

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 17 PM 6:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005

<b>DOCUMENT # N03000010978</b> 1. Entity Name <b>BELLINI CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>10225 COLLINS AVE BAL HARBOUR, FL 33154</b>			Mailing Address <b>10225 COLLINS AVE BAL HARBOUR, FL 33154</b>		
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"/> <b>\$8.75 Additional Fee Required</b>	
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	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <p style="text-align: right; font-size: 1.5em;">10-11-05</p>	
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>			Make check payable to <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MARGULIES, MARTIN Z</b> <b>455 GRAND BAY DR</b> <b>KEY BISCAIYNE, FL 33149</b>	<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 <b>SELBY, SHANNON</b> <b>455 GRAND BAY DR</b> <b>KEY BISCAIYNE, FL 33149</b>	<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 <b>LOOBY, JACK</b> <b>455 GRAND BAY DR</b> <b>KEY BISCAIYNE, FL 33149</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>500060689725</b> <b>10/17/05--01076--004 **236.25</b>  <b>GIL WACHSMAN</b> <b>10225 COLLINS AVE. #1803</b> <b>BAL HARBOUR, FL 33154</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <b>10/14/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	