

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010978

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: BELLINI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10225 COLLINS AVE  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

10225 COLLINS AVE  
BAL HARBOUR, FL 33154

**New Mailing Address:**

FEI Number: 83-0393976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROGEL, DAVID H ESQ  
BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33134 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: P ( ) Delete  
Name: HARVEY, VAIDA  
Address: 10225 COLLIDS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

Title: VP ( ) Delete  
Name: PERNICK, SUSAN  
Address: 10225 COLLINS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

Title: SEC. ( ) Delete  
Name: WACHSMAN, GILBERT  
Address: 10225 COLLINS AVE  
City-St-Zip: BAL HARBOR, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: HARVEY, VAIDA  
Address: 10225 COLLIDS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

Title: P (X) Change ( ) Addition  
Name: PERNICK, SUSAN  
Address: 10225 COLLINS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

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: GIL WACHSMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SEC.

04/15/2009

\_\_\_\_\_  
Date