## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2006 8:00 am Secretary of State

DOOLINAENT #1	NAEAAAAA 4776	1

02-24-2006 90011 010 \*\*\*\*61.25 BELLAMAR HOUSE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 901 NORTHPOINT PARKWAY, SUITE 108 901 NORTHPOINT PARKWAY, SUITE 108 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 Principal Place of Business Mailing Address 2. Princip Suite, A<del>pt.</del> 307 01112008 CR2E037 (11/05) Applied For ossa Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARR, CATHIE 901 NORTHPOINT PARKWAY, SUITE 108 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33407 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 (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE MARTEL, LESLIE NAME NUE STREET ADDRESS 901 NORTHPOINT PARKWAY, SUITE 108 STREET ADDRESS WEST PALM BEACH, FL 33407 CITY-ST-ZIP CITY - ST- ZP VD TITLE Delete TITLE ☐ Addition PROUTY, LORETA J NAME NAME STREET ADDRESS 901 NORTHPOINT PARKWAY, SUITE 108 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-71P TITLE Delete TITLE MAME STALNAKER, JAN NAME STREET ADDRESS 901 NORTHPOINT PARKWAY, SUITE 108 STREET ADDRESS CITY-ST-ZP WEST PALM BEACH, FL. 33407 CITY-ST-ZIP TIFLE Delete TITLE Addition NAME MALE STREET ADORESS STREET ADDRESS CTTY-ST-ZP CITY-ST-7P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- 7P CiTY+ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

STREET ADDRESS CITY+ST-ZIP

SIGNATURE:

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NAME STREET ADDRESS

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Delete

02-15-06 561-330-015

☐ Change

☐ Addition