


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90126 041 ****61.25

DOCUMENT # N05000001776

1. Entity Name
BELLAMAR HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**901 NORTHPOINT PARKWAY
 STE 307
 WEST PALM BEACH, FL 33407**

Mailing Address
**901 NORTHPOINT PARKWAY
 STE 307
 WEST PALM BEACH, FL 33407**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.


City & State

Zip Country Zip Country

4. FEI Number
59-1990589 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

06132007 Chg-NP CR2E037 (12/06)



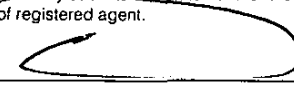
6. Name and Address of Current Registered Agent

**CARR, CATHIE
 901 NORTHPOINT PARKWAY, SUITE 108
 WEST PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent

Name **Becker + Poliakoff P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
**645 No. Flagler Drive
 7th Floor**
 City **West Palm Beach FL** Zip Code **33467**

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  **Kenneth S. Director** **7/16/2007**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

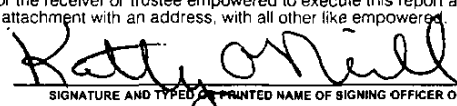
Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD MARTEL, LESLIE 901 NORTHPOINT PARKWAY, SUITE 108 WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'WEILL, KATHY 2950 JDG RD GREENACRES, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PROUTY, LORETA J 901 NORTHPOINT PARKWAY, SUITE 108 WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PROUTY, LORETA J. 2950 JDG RD. GREENACRES, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'NEIL, KATHY 901 NORTHPOINT PKWY, STE 307 WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORBITO, STEWART 2950 JDG RD GREENACRES, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLANCO, ARTURO, MD 2950 JDG RD. GREENACRES, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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 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.

SIGNATURE:  **Kathy O'Neil** **06/22/07** **561-330-0153**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #