2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0500001776 1. Entity Name BELLAMAR HOUSE CONDOMINIUM ASSOCIATION, INC.									07-16-2007 9	90126 04	1 ****61.	25	
Principal Plac 901 NORTHI STE 307 WEST PALM	POINT PARK Beach, Fl	33407	901 N STE 3	Mailing Address 901 NORTHPOINT PARKWAY STE 307 WEST PALM BEACH, FL 33407					123200				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						i i i i i i i i i i i i i i i i i i i	<u> </u>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					06132007	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State					4. FEI Numbe 59-1990			<u> </u>	oplied For ot Applicable	
Zip		Country	Zip		Соц	untry		L	of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	t Registere	d Agent					Address of New		Agent		
CARR CA	THIE					Name 9	Seck	er & PO1	iakoff (. A. 9			
CARR, CATHIE 901 NORTHPOINT PARKWAY, SUITE 108 WEST PALM BEACH, FL 33407						Street A	Name Becker + Poliakoff P.A. Street Address (P.O. Box Number is Not Acceptable) Cas No. Flagler Drive						
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						City 🗸	rest	Palm Be	cach	FL	Zip Cod ろう	アマグ	
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 SIGNATURE													
·	- Signature, typet	or printed name of registered agen	t and title if appli	cable. (NOTE	:: Registere	d Agent signate	ure required	when reinstating)	, <u>.</u>	DATE			
D	Filing Fe	pe is \$61.25 otember 14, 2007	t and title il appli	9. Election Car Trust Fund C	npaign F	inancing	ure required	\$5.00 May Be Added to Fees		Wake chec	k payable t		
D	Filing Fe ue by Sep	e is \$61.25		9. Election Car	npaign F	inancing		\$5.00 May Be Added to Fees		Wake chec rida Depa	rtment of S	tate	
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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:

SIGNATURE AND TYPED A FRUNTED NAME OF SIGNING OFFICER OR DIRECTOR

06/22/07 561-330-015