


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90024 041 \*\*\*\*61.25

**DOCUMENT # N05000010167**

1. Entity Name  
**BELVEDERE COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
 2200 NW 2 AVE STE 220  
 BOCA RATON, FL 33431

Mailing Address  
 2200 NW 2 AVE STE 220  
 BOCA RATON, FL 33431

40015520



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

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

01302008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**20-4676362**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HEISE, MARTIN**  
 2200 NW 2 AVE STE 220  
 BOCA RATON, FL 33431

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_  
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 May 1, 2008**

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	DP	<input type="checkbox"/> Delete
NAME	HEISE, MARTIN	2200 NW 2 Ave, Ste 220
STREET ADDRESS	<del>947 CLINT MOORE I</del>	Boca Raton, FL 33431
CITY-ST-ZIP	<del>BOCA RATON, FL 33431</del>	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	BERSON, GERALD	2200 NW 2 Ave, Ste 220
STREET ADDRESS	<del>947 CLINT MOORE</del>	Boca Raton, FL 33431
CITY-ST-ZIP	<del>BOCA RATON, FL 33431</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMOOT, BETTINA	2200 NW 2 Ave, Ste 220
STREET ADDRESS	<del>947 CLINT MOORE</del>	Boca Raton, FL 33431
CITY-ST-ZIP	<del>BOCA RATON, FL 33431</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	See new address	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	See new address	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	See new address	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: *Martin Heise* 1/30/08 361-997-0045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #