2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07195

FILED Apr 15, 2006 Secretary of State

Entity Name: BEL-AIR BEACH CLUB ASSOCIATION, INC.

	Principal Place	of Business:	New Princ	cipal Place of Business:	
	RO BLVD. RS BEACH, FL	339312100			
Current Mailing Address:			New Maili	New Mailing Address:	
	RO BLVD. RS BEACH, FL	339312100			
FEI Number	r: 59-2300075	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
FORT MY	RO BLVD ERS BEACH, F		urpose of changing i	its registered office or registered agent, or both,	
	e of Florida.	·			
SIGNATU					
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	RATLIFF, WILL	ONT COVE, #207	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () SAW, ROBERT 2331 E 5TH STI LEHIGH ACRES		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition SAUL, ROBERT 2331 E 5TH STREET, #104 LEHIGH ACRES, FL 33970	
Name: Address:	D () NELSON, KEN 2326 DEL PRAI CAPE CORAL, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	NELSON, KEN 2326 DEL PRAI CAPE CORAL, I	DO FL 33990 Delete Y	Name: Address:	() Change () Addition D (X) Change () Addition WACHSMUTH, RAYMOND W 4809 NORTH SHORE DRIVE WAUPACA, WI 54981	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	NELSON, KEN 2326 DEL PRAI CAPE CORAL, I D () DEALEY, LARR 1439 C 17 CONVOY, OH 4 D () SAWYER, WILL 780 ESTERO B	DO FL 33990 Delete Y I5832 Delete LIAM	Name: Address: City-St-Zip: Title: Name: Address:	D (X) Change () Addition WACHSMUTH, RAYMOND W 4809 NORTH SHORE DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W SAUL VP 04/15/2006