

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34596 (9)**

1. Corporation Name

BEL AIRE OFFICE CONDOMINIUM ASSN., INC.



Principal Place of Business

Mailing Address

2112 WEST NEW HAVEN AVENUE
C/O MICHAEL J. BRUTZ
WEST MELBOURNE FL 32904

2112 WEST NEW HAVEN AVENUE
C/O MICHAEL J. BRUTZ
WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified
10/10/1989

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 2351 W. EAU GALIE BLVD

Same as 2

4. FEI Number
59-2989520

Applied For
Not Applicable

22 Suite, Apt. #, etc.
1

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
MELBOURNE FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 32935 25 Country USA

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUTZ, MICHAEL J.
2112 WEST NEW HAVEN AVENUE
WEST MELBOURNE FL 32904

2351 W. EAU GALIE BLVD # 1
MELBOURNE, FL
32935

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME BRUTZ, MICHAEL J.
STREET ADDRESS 2112 WEST NEW HAVEN AVE.
CITY - ST - ZIP W. MELBOURNE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 2351 W. EAU GALIE BLVD. # 1
1.4 CITY - ST - ZIP MELBOURNE, FL, 32935

TITLE SD DELETE
NAME CEROW, RICHARD
STREET ADDRESS 1801 SARNO RD., SUITE 3
CITY - ST - ZIP MELBOURNE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D DELETE
NAME SHOFF, ROBERT M.
STREET ADDRESS 1801 SARNO RD., SUITE 2
CITY - ST - ZIP MELBOURNE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 officer or director empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

407 752 0025

Daytime Phone #

CR2E037 (12/95)