




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N34596 1. Entity Name BEL AIRE OFFICE CONDOMINIUM ASSN., INC.																										
Principal Place of Business 2351 W. EAU GALLE BLVD SUITE 1 MELBOURNE FL 32935 US		Mailing Address 2351 W. EAU GALLIE BLVD SUITE 1 MELBOURNE FL 32935 US																								
2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.																									
City & State		City & State																								
Zip	Country	4. FEI Number 59-2989520 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		 1st MOORE CR2E037 (10/04)																								
6. Name and Address of Current Registered Agent BRUTZ, MICHAEL J. 2351 W EAU GALLE BLVD SUITE 1 MELBOURNE FL 32935		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 _____ (NOTE Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																										
FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  MICHAEL J. BRUTZ Date 2/18/05 Daytime Phone # 321 7524810																										