


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 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 GALLE 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	Zip	Country
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 _____		DATE _____	
Signature: typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	
TITLE	PD BRUTZ, MICHAEL J.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUTZ, MICHAEL J.	NAME	
STREET ADDRESS	2351 W EAU GALLE BLVD #1	STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE FL	CITY- ST- ZIP	
TITLE	SD CEROW, RICHARD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEROW, RICHARD	NAME	
STREET ADDRESS	1801 SARNO RD., SUITE 3	STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE FL	CITY- ST- ZIP	
TITLE	D SHOFF, ROBERT M.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOFF, ROBERT M.	NAME	
STREET ADDRESS	1801 SARNO RD., SUITE 2	STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE FL	CITY- ST- ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	



1st MOORE GR2E037 (10/05)

4. FEI Number **59-2989520** Applied For Not Applied For

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

U00000432552
02/23/06-90071-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Handwritten Signature]* MICHAEL J. BRUTZ PDPC 2/13/06 2217524810