

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736429

1. Entity Name

BELLA MAR CONDOMINIUM ASSOCIATION, INC.

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90110 013 \*\*\*\*61.25

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br>367 SOUTH FEDERAL HIGHWAY<br>DEERFIELD BEACH FL 33441 | Mailing Address<br>367 SOUTH FEDERAL HIGHWAY<br>DEERFIELD BEACH FL 33441 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-1801076 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                          |                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>LAUER, MARK R JR<br>367 SOUTH FEDERAL HWY<br>DEERFIELD BEACH FL 33441 | 7. Name and Address of New Registered Agent<br>Name<br>Biron, Marion<br>Street Address (P.O. Box Number is Not Acceptable)<br>367 N. Federal Hwy.<br>City<br>Deerfield Beach FL Zip Code<br>33441 |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

SIGNATURE Marion L. Biron, Sec. Treas. 4/19/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BIRON, MARION<br>367 S FEDERAL HWY<br>DEERFIELD BCH FL 33441 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LAUER, MARK R JR<br>367 S FEDERAL HWY<br>DEERFIELD BCH FL 33441 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HERZBERG, KURT<br>367 S FEDERAL HWY<br>DEERFIELD BCH FL 33441 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>LAVERME, MARY ANN<br>367 S FEDERAL HWY<br>DEERFIELD BCH FL 33441 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BATTLES, ANN<br>367 S FEDERAL HWY<br>DEERFIELD BCH FL 33441 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BIRON, MARIAN<br>367 S FEDERAL HWY<br>DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marion L. Biron, Sec. Treas. 4-19-01 954-570-3449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

DOC # 736479  
C0052589

BELLA MAR CONDOMINIUM ASSN., INC

CSD                      ADDITION  
Wooten, Dolores  
367 N. Federal Hwy  
Deerfield Beach, Fl. 33441