

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34596

**FILED  
Apr 22, 2016  
Secretary of State  
CC6456350843**

**Entity Name:** BEL AIRE OFFICE CONDOMINIUM ASSN., INC.

**Current Principal Place of Business:**

2020 W. EAU GALLE BLVD  
SUITE 106  
MELBOURNE, FL 32935

**Current Mailing Address:**

2020 W. EAU GALLE BLVD  
SUITE 106  
MELBOURNE, FL 32935 US

**FEI Number:** 59-2989520

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRUTZ, MICHAEL JESQ.  
2020 W. EAU GALLE BLVD  
SUITE 106  
MELBOURNE, FL 32935 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BRUTZ, MICHAEL JMICHAEL  
Address 2020 W. EAU GALLE BLVD  
SUITE 106  
City-State-Zip: MELBOURNE FL 32935

Title SD  
Name CEROW, RICHARD  
Address 1801 SARNO RD.,SUITE 3  
City-State-Zip: MELBOURNE FL 32904

Title D  
Name SHOFF, ROBERT M  
Address 1801 SARNO RD.,SUITE 2  
City-State-Zip: MELBOURNE FL 32935

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRUTZ, MICHAEL J

**PRESIDENT**

**04/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date