

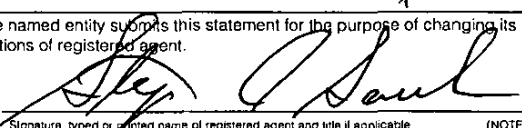



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90041 010 \*\*\*\*61.25

<b>DOCUMENT # 720299</b> 1. Entity Name <b>BELLE TOWERS CONDOMINIUM, INC.</b>					
Principal Place of Business <b>16 ISLAND AVE MIAMI BEACH, FL 33139</b>			Mailing Address <b>16 ISLAND AVE MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1346862</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARTLEY, JACK 16 ISLAND AVENUE 2D MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent Name <b>STEPHEN SAULS</b> Street Address (P.O. Box Number is Not Acceptable) <b>16 ISLAND AVE 7A</b> City <b>MIAMI BEACH</b> FL <b>33139</b>	
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 <b>1-13-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTLEY, JACK A. 16 ISLAND AVE 2D MIAMI BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHEN SAULS 16 ISLAND AVE 2D MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUNES, TRUDY 16 ISLAND AVE 6D MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARCIA TEICHNER 16 ISLAND AVE 2B MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOHEN, ROLAND DR. 16 ISLAND AVE 5B MIAMI BCH, FL 33139	<input checked="" type="checkbox"/> Delete <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>JAN 15 2005</b> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARILYN SUB MORRIS 16 ISLAND AVE 5C MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALTER, TILLIE 16 ISLAND AVENUE 5A MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>BY: D</b> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SCOTT GRAY 16 ISLAND AVE 4C MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, MARC 16 ISLAND AVE 7B MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT WINTER 16 ISLAND AVE 8A MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERBLOW, MARCELLA 16 ISLAND AVENUE 8C MIAMI, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LISA PALLEY 16 ISLAND AVE 4E MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input 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 any address, with all other like empowered.					
SIGNATURE:  DATE <b>1-13-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					