

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90004 048 \*\*\*\*61.25

00010000



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1346862

Applied For  
Not Applicable

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

**DOCUMENT # 720299**

1. Entity Name  
BELLE TOWERS CONDOMINIUM, INC.



Principal Place of Business  
16 ISLAND AVE  
MIAMI BEACH, FL 33139

Mailing Address  
16 ISLAND AVE  
MIAMI BEACH, FL 33139

2. Principal Place of Business  
SAME

3. Mailing Address  
SAME

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

SAULS, STEPHEN  
16 ISLAND AVENUE  
7A  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name  
Jack Hartley

Street Address (P.O. Box Number is Not Acceptable)  
16 Island Ave 2D

City  
Miami Beach FL 33139

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 *Jack Hartley* DATE 1/24/06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SAULS, STEPHEN	
STREET ADDRESS	16 ISLAND AVENUE 2D	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEICHNER, MARCIA	
STREET ADDRESS	16 ISLAND AVENUE 2B	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, MARILYN SUE	
STREET ADDRESS	16 ISLAND AVENUE 5C	
CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	GRAY, SCOTT	
STREET ADDRESS	16 ISLAND AVENUE 4C	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	W	<input type="checkbox"/> Delete
NAME	WINTER, SCOTT	
STREET ADDRESS	16 ISLAND AVENUE 8A	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALLEY, LISA	
STREET ADDRESS	16 ISLAND AVENUE 4E	
CITY-ST-ZIP	MIAMI, FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLEY, JACK	
STREET ADDRESS	16 Island Ave. 2D	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Vedder	
STREET ADDRESS	16 Island Ave. 6P	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Baxter - secretary	
STREET ADDRESS	16 Island Ave. 6D	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annsheila Turkel	
STREET ADDRESS	16 Island Ave. 3A	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 *Jack Hartley* DATE 1/24/06 DAYTIME PHONE # (305) 530-5418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR