

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90078 018 \*\*\*\*70.00

<b>DOCUMENT # 720299</b> 1. Entity Name <b>BELLE TOWERS CONDOMINIUM, INC.</b>			
Principal Place of Business <b>16 ISLAND AVE</b> <b>MIAMI BEACH, FL 33139</b>		Mailing Address <b>16 ISLAND AVE</b> <b>MIAMI BEACH, FL 33139</b>	
2. Principal Place of Business - No P.O. Box # <b>16 Island Ave</b>		3. Mailing Address <b>16 Island Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Miami Beach, FL</b>		City & State <b>Miami Beach, FL</b>	
Zip <b>33139</b> Country <b>USA</b>		Zip <b>33139</b> Country <b>USA</b>	
4. FEI Number <b>59-1346862</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HORTLEY, JACK</b> <b>16 ISLAND AVENUE</b> <b>2D</b> <b>MIAMI BEACH, FL 33139</b>		7. Name and Address of New Registered Agent Name <b>Scott Gray</b> Street Address (P.O. Box Number is Not Acceptable) <b>16 Island Ave #4C</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <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 <b>Scott Gray</b> DATE <b>3/7/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</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 <b>PD</b> <b>HARTLEY, JACK</b> <b>16 ISLAND AVENUE 2D</b> <b>MIAMI BEACH, FL 33139</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SCOTT GRAY - Pres</b> <b>16 Island Ave #4C</b> <b>Miami Beach, FL 33139</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V</b> <b>TEICHER, MARCIA</b> <b>16 ISLAND AVENUE 2B</b> <b>MIAMI BEACH, FL 33139</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SCOTT WINTER - Vice Pres</b> <b>16 Island Ave #8A</b> <b>Miami Beach, FL 33139</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S</b> <b>BAXTER, JIM</b> <b>16 ISLAND AVE 6D</b> <b>MIAMI BCH, FL 33139</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Jim Baxter - Secretary</b> <b>16 Island Ave #6D</b> <b>Miami Beach, FL 33139</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S</b> <b>GRAY, SCOTT</b> <b>16 ISLAND AVENUE 4C</b> <b>MIAMI BEACH, FL 33139</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Howard Forber - Treasurer</b> <b>16 Island Ave</b> <b>Miami Beach, FL 33139</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>WINTER, SCOTT</b> <b>16 ISLAND AVENUE 8A</b> <b>MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Marcella Newblom Dir.</b> <b>16 Island Ave #2C</b> <b>Miami Beach, FL 33139</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>VEDDER, BILL</b> <b>16 ISLAND AVE 6F</b> <b>MIAMI, FL 33139</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lines empowered.			
SIGNATURE: <b>Scott Gray</b>		Date <b>3/7/07</b> Daytime Phone # <b>305-538-5418</b>	