

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90024 033 *****70.00

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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1346862		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRAY, SCOTT 16 ISLAND AVENUE 4C MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name HOWARD FARBER Street Address (P.O. Box Number is Not Acceptable) 16 ISLAND AVE #2A 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 TREASURER 2/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FORBER, HOWARD 16 ISLAND AVE MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T FARBER, HOWARD 16 ISLAND AVE #2A MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NERBLON, MARCOLLA. 16 ISLAND AVE #2C MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S JOSEPH PIERATO 16 ISLAND AVE #3C MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAXTER, JIM 16 ISLAND AVE 6D MIAMI BCH, FL 33139		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP JIM BAXTER 16 ISLAND AVE #4A MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRAY, SCOTT 16 ISLAND AVENUE 4C MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CAROL KLAU 16 ISLAND AVE #7C MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WINTER, SCOTT 16 ISLAND AVENUE 8A MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P SCOTT WINTER 16 ISLAND AVE #8A MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MARK OLLIV 16 ISLAND AVE #1B MIAMI BEACH, FL 33139	
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 an officer like empowered.					
SIGNATURE: TREASURER 2/8/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40027892

Belle Towers Condominium, Inc.

16 Island Ave Miami Beach, Fl 33139 office 305-538-5418 fax 305-534-1828

February 7, 2008

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Subject: Annual Report from Belle Towers Condominium
Re: Document # 720299

To Whom It May Concern:

Enclosed is a copy of the annual report with only 6 members listed, I am providing this letter to notify you of the seven members of the Board.

2008 Board of Directors

President – Scott Winter

Vice Pres – Jim Baxter

Treasurer – Howard Farber

Secretary – Joe Piperato

Directors – Carol Klau
Mark Okun
Tillie Salter

Sincerely,



Marlon Cruz
Property Manager
Belle Towers Condominium, Inc
Office 305-538-5418
Fax 305-534-1828
Email: belletowers@beilsouth.net