2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720299

Address:

City-St-Zip:

16 ISLAND AVE #1B

MIAMI BEACH, FL 33139

FILED Jan 20, 2009 Secretary of State

Entity Name: BELLE TOWERS CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business: 16 ISLAND AVE MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 16 ISLAND AVE MIAMI BEACH, FL 33139 FEI Number: 59-1346862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FARBER, HOWARD SCOTT, WINTER 16 ISLAND AVENUE 16 ISLAND AVENUE #2A MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 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: SCOTT WINTER 01/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FARBER, HOWARD Name: Name: 16 ISLAND AVE # 2A Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: Title: () Delete (X) Change () Addition PIPERATO, JOSEPH Name: PIPERATO, JOSEPH Name: Address: 16 ISLAND AVE #3C Address: 16 ISLAND AVE #3C City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 Title: VΡ () Delete Title: () Change () Addition BAXTER, JIM Name: Name: 16 ISLAND AVE #4A Address: Address: City-St-Zip: MIAMI BCH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KLAU, CAROL Name: 16 ISLAND AVE #7C Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: (X) Change () Addition WINTER, SCOTT WINTER, SCOTT Name: Name: 16 ISLAND AVENUE 8A 16 ISLAND AVENUE 8A Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 Title: () Delete Title: (X) Change () Addition POWELL, MINDY OKUN, MARK Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

16 ISLAND AVE #1B

MIAMI BEACH, FL 33139

SIGNATURE: MINDY POWELL S 01/20/2009