

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720683 (2)
 1. Corporation Name
BELAIR CLUB, INC., A CONDOMINIUM CORPORATION



Principal Place of Business: **3930 BELAIR LANE NAPLES FL US**
 Mailing Address: **3930 BELAIR LANE NAPLES FL US**

3. Date Incorporated or Qualified: **04/08/1971**
 3a. Date of Last Report: **04/19/1995**
 4. FEI Number: **59-2150063**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26 745 12th Ave S.**
 Suite, Apt. #, etc.: **27 Suite D**
 City & State: **28 Naples, FL**
 Zip: **29 34102** Country: **30 Collier**

9. Name and Address of Current Registered Agent
**MOORE PROPERTY MANAGEMENT.
 745 12TH AVE SO
 STE D
 NAPLES FL 33940**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP Treas	<input type="checkbox"/> DELETE
NAME	HOWARD, ROBERT	
STREET ADDRESS	3930 BELAIR LN #106	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIGGIN, SHIRLEY	
STREET ADDRESS	3930 BELAIR LN #201	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ADLER, HAROLD	
STREET ADDRESS	3930 BELAIR LANE #210	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HILMAN, KATHRYN	
STREET ADDRESS	3930 BELAIR LAND #101	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PICKERING, HAROLD	
STREET ADDRESS	3930 BELAIR LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JO ELLen CHON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	3930 Belair lane	
1.3 STREET ADDRESS	Naples, FL	
1.4 CITY-ST-ZIP	UP/D	
2.1 TITLE	K. Schumacher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3930 Belair lane	
2.3 STREET ADDRESS	Naples, FL	
2.4 CITY-ST-ZIP	D	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley K. Wiggin, Pres. **SIGNATURE REQUIRED** Date: 6/21/96 Daytime Phone #: 941-262-5071

CR2E037 (3/96)