## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

720683

(2)

## BELAIR CLUB, INC., A CONDOMINIUM CORPORATION

	CLUB, INC., A CONDOM						
Principal Plac	e of Business	Mailing Address				<u></u>	
3930 BELAIR LANE NAPLES FL US		745 12TH AVE 8 SUITE D NAPLES FL 34102				3. Date Incorporated or Qualified 04/08/1971	_
00		US				4, FEI Number Applied For	_
4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15.	A Astron Address				59-2150063   Not Applicable	-
2. Principal Place of Business 21		2a. Mailing Address 26				5. Certificate of Status Desired S8.75 Additional Fee Required	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees	_	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?		
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible	-	
24	25	29	30	3, ICI <b>y</b>		Personal Property Tax due June 30. Yes No	
24]	9. Name and Address of Curre		1901	T		10. Name and Address of New Registered Agent	-
	<u> </u>			B1	Name		
MOORE	PROPERTY MANAGEMENT.			62	Ciront Addre	ess (P.O. Box Number is Not Acceptable)	-
	TH AVE SO				Street Addre	ass (F.O. Box Number is Not Acceptable)	
STE D				B3			
NAPLES FL 33940				84	City	■■ 85 Zip Code	-
				1 1	-	<b>FL</b>   ``  `	
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat im familiar with, and accept the obli- Signature, typed or printed name of registered a					oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered as when reinstating)  OATE	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
TITLE	1	☐ DELETE	1.1 T	1.1 TITLE 1.2 NAME		Change Addition	
NAME	HOWARD, ROBERT		1.2 N				
STREET ADDRESS	3930 BELAIR LN #106		1.3 STRE		ADDRESS		
CITY-ST-ZIP	NAPLES FL		_	ITY-ST	- ZIP		_
TITLE	PD	☐ DELETE	2.1 T			☐ Change ☐ Addition	
NAME	ADLER, HAROLD			2.2 NAME			
STREET ADDRESS	3930 BELAIR LANE		2.3 STREET ADDRES				
CITY-ST-ZIP	NAPLES FL	DELETE	2. 4 CITY-ST-ZIP		-ZIP	Change Addillon	-
TITLE	SD ANIAMAN MATURIONAL	["] DEFEIS		3.1 TITLE 3.2 NAME		Circuito (1 Adolito)	
NAME	HILMAN, KATHRYN		3.2 NAME 3.3 STREET ADDRESS		annorm.		
STREET ADDRESS	3930 BELAIR LAND #101						
CITY-ST-ZIP TITLE	NAPLES FL VPD	DELETE		3.4. CITY+ST-ZIP 4.1 TITLE		Change Addition	-
	CRON, JOELLEN	SECTION		4. 2 NAME		book - things book twenton	
NAME OTDEET ANDDEES	3930 BEL AIR LANE		4	4.3 STREET ADDRE			
STREET ADDRESS	NAPLES FL		4.4 CITY-ST-				
CITY-ST-ZIP TITLE	VPD VPD	DELETE	5.1 T		-74	☐ Change ☐ Addition	-
NAME	SCHUMACHER, K.E.	hand ware to		5.2 NAME		_ · _ ·	
STREET ADDRESS	3930 BELAIR LANE		5.3 STREET ADD		ADDRESS		
CITY-ST-ZIP	NAPLES FL			XTY-ST			
TITLE	IWH LLV I L	☐ DELETE	6.1 T		**	Change Addition	-
NAME				IAME			
STREET ADDRESS			6.3 STREET ADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receive on 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.

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Harrich

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**FILED** 

May 19 1998 8:00am

Secretary of State