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**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90048 031 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 720683**

1. Corporation Name

**BELAIR CLUB, INC., A CONDOMINIUM CORPORATION**

Principal Place of Business

Mailing Address

3930 BELAIR LANE  
 NAPLES FL  
 US

745 12TH AVE S  
 SUITE D  
 NAPLES FL 34102  
 US

470768 - 90048 - 31



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/08/1971

22 City & State

27 City & State

4. FEI Number  
 59-2150063

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24 25 29 30

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE PROPERTY MANAGEMENT.  
 745 12TH AVE SO  
 STE D  
 NAPLES FL 33940

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

T  DELETE  
 NAME HOWARD, ROBERT  
 STREET ADDRESS 3930 BELAIR LN #106  
 CITY-ST-ZIP NAPLES FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

PD  DELETE  
 NAME ADLER, HAROLD  
 STREET ADDRESS 3930 BELAIR LANE  
 CITY-ST-ZIP NAPLES FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

SD  DELETE  
 NAME HILMAN, KATHRYN  
 STREET ADDRESS 3930 BELAIR LAND #101  
 CITY-ST-ZIP NAPLES FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

VPD  DELETE  
 NAME CRON, JOELLEN  
 STREET ADDRESS 3930 BEL AIR LANE  
 CITY-ST-ZIP NAPLES FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

VPD  DELETE  
 NAME SCHUMACHER, K.E.  
 STREET ADDRESS 3930 BELAIR LANE  
 CITY-ST-ZIP NAPLES FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *Katherine Harris* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)