


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90127 046 ****61.25

DOCUMENT # 720683					
1. Entity Name BELAIR CLUB, INC., A CONDOMINIUM CORPORATION					
Principal Place of Business 3930 BELAIR LANE NAPLES, FL US			Mailing Address 3930 BELAIR LANE STE A NAPLES, FL 34102 US		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2150063	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOORE PROPERTY MANAGEMENT. 745 12TH AVE SO STE A NAPLES, FL 33940				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <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 \$81.25 Due by May 1, 2005		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	✓ PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRON, JIM		NAME		
STREET ADDRESS	3930 BELAIR LN #103		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	✓ D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARANOWSKI, PATRICIA		NAME	S	MENTEL, JOYCE
STREET ADDRESS	3930 BELAIR LN #101		STREET ADDRESS	9411 SOUTH 43RD RD	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	CADILLAC, MI. 49601	
TITLE	✓ D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIGNEY, ROBERTA		NAME		
STREET ADDRESS	3930 BELAIR LANE # 207		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	✓ D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAVEK, JOHN		NAME	T	PAVEK, JOHN
STREET ADDRESS	3930 BELAIR LN #105		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	✓ DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWARD, BOB		NAME		
STREET ADDRESS	3930 BELAIR LN #106		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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 all other like empowered.					
SIGNATURE: <i>Jasno J Cron</i>			Date: <i>4/1/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		