2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 8:00 am Secretary of State

DOCUMENT # 738277 1. Entity Name BELLE TERRE CONDOMINIUM ASSOCIATION, INC.						01-25-2007 90044 029 ****61.25				
Principal Place of Business 3000 UNIVERSITY DRIVE SUITE H CORAL SPRINGS, FL 33065 US Mailing Address 3000 UNIVERSITY D SUITE H CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL								8 1 818 11 8 1811 8481		11 H B1 (16)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			01182007 CI	hg-NP	CR2E03	7 (12/06)	
City & State		City & State				4. FEI Number 59-179104	9		⊢	plied For t Applicable
Zip	Country	Zip		Country		5. Certificate of St	atus Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Age	ent			7. Name and Add	ress of New I	Registered A	gent	
CONTE, FRANCO 3000 UNIVERSITY DRIVE				Name Street A	Name Street Address (P.Ö. Box Number is Not Acceptable)					
STEH	PRINGS, FL 33065									
CONALO	111100, 12 00000			City				FL	Zip Cod	e
	named entity submits this statement for tions of registered agent.	r the purpose of	changing its re	egistered office o	r register	ed agent, or both, in	the State of F	lorida. I am fa	amiliar with	and accept
0.0.0										
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: I	Registered Agent signs	ure required	when reinstating)		DATE		
				paign Financing	ture required	\$5.00 May Be Added to Fees	1	Make check orlda Depart		
10.	Signature, typed or printed hame of registered agent a	9.	Election Camp	paign Financing		\$5.00 May Be	Flo	Make check orlda Depart	ment of St	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed hame of registered agent of Filling Fee is \$61.25 Due by May 1, 2007	9. RECTORS	Election Camp	paign Financing ontribution.	□ T DAY 300	\$5.00 May Be Added to Fees	ES TO OFFICE	Make check orlda Depart ERS AND DIR	ment of St	tate
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 GFFICERS AND DIF T LOWELL, ROBERT 3000 UNIVERSITY DR. STE Q	9. RECTORS	Election Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	□ T DAY 300	\$5.00 May Be Added to Fees ADDITIONS/CHANG VID WIMBERLY OU UNIVERSITY	ES TO OFFICE	Make check orlda Depart ERS AND DIR	ment of St	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 GFFICERS AND DIF T LOWELL, ROBERT 3000 UNIVERSITY DR. STE Q CORAL SPRINGS, FL 33065 S BRABER, ROBERTA 3000 UNIVERSITY DR STE D	9. RECTORS	Election Camp Trust Fund Co	paign Financing patribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ T DAY 300	\$5.00 May Be Added to Fees ADDITIONS/CHANG VID WIMBERLY OU UNIVERSITY	ES TO OFFICE	Make check orida Depart ERS AND DIR B/C	ECTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 GFFICERS AND DIF T LOWELL, ROBERT 3000 UNIVERSITY DR. STE Q CORAL SPRINGS, FL 33065 S BRABER, ROBERTA 3000 UNIVERSITY DR STE D	9. RECTORS	Election Camp Trust Fund Co	Daign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ T DAY 300	\$5.00 May Be Added to Fees ADDITIONS/CHANG VID WIMBERLY OU UNIVERSITY	ES TO OFFICE	Make check orida Depart ERS AND DIR	ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 GFFICERS AND DIF T LOWELL, ROBERT 3000 UNIVERSITY DR. STE Q CORAL SPRINGS, FL 33065 S BRABER, ROBERTA 3000 UNIVERSITY DR STE D	9. RECTORS	Election Camp Trust Fund Co Delete Delete	Daign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ T DAY 300	\$5.00 May Be Added to Fees ADDITIONS/CHANG VID WIMBERLY OU UNIVERSITY	ES TO OFFICE	Make check wrida Depart ERS AND DIR B/C	ment of St ECTORS IN ☐ Change ☐ Change	Addition Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

1/19/07

954-753-2272

Daytime Phone #