

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 4:13

DOCUMENT # 746906 (7)
1. Corporation Name
THE BELMONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
10101 E BAY HARBOR DRIVE BAY HARBOUR ISLAND FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/25/1979** 3a. Date of Last Report **04/05/1994**
4. FEI Number **59-1935876** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**FRIEDMAN, SEYMOUR
10101 E BAY HARBOR DR.
BAY HARBOR ISLAND FL 33154**

10. Name and Address of New Registered Agent
81. Name **REVA KREMENS**
82. Street Address (P.O. Box Number is Not Acceptable) **10101 E. Bay Harbor Dr**
83.
84. City **Bay Harbor Isld** FL 85. Zip Code **33154**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE *Reva Kremens* DATE **2-1-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONROE, MARTY
STREET ADDRESS	10101 E. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOR ISLD. FL
TITLE	VD
NAME	ESON, J. CINDY
STREET ADDRESS	10101 E. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOR ISLD. FL
TITLE	VD
NAME	MONROE, BARBARA J.
STREET ADDRESS	10101 E. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOR ISLD. FL
TITLE	SD
NAME	ORLEN, ROBERTA C.
STREET ADDRESS	10101 E. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOR ISLD. FL
TITLE	TD
NAME	FRIMMERMAN, LILY
STREET ADDRESS	10101 E. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOR ISLD. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SOLOMON YUKEN	
1.3 STREET ADDRESS	10101 E. Bay Harbor Dr.	
1.4 CITY-ST-ZIP	Bay Harbor Isld, FL 33154	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESON, J. CINDY	
2.3 STREET ADDRESS	10101 E. Bay Harbor Dr.	
2.4 CITY-ST-ZIP	Bay Harbor Isld, FL 33154	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KREMENS REVA	
3.3 STREET ADDRESS	10101 E. Bay Harbor Dr	
3.4 CITY-ST-ZIP	Bay Harbor Isld, FL 33154	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ONUP, NICHOLAS	
4.3 STREET ADDRESS	10101 E. Bay Harbor Dr	
4.4 CITY-ST-ZIP	Bay Harbor Isld, FL 33154	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SANTAMARINA, SYLVIA	
5.3 STREET ADDRESS	10101 E. Bay Harbor Dr	
5.4 CITY-ST-ZIP	Bay Harbor Isld, FL 33154	
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 110.07(3)(b), 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: *Reva Kremens* DATE **2-1-95** **301-864-3264**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR