

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

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

3. Date Incorporated or Qualified: **04/25/1979**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-1935876**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent
81 Name: **Silvia Santamarina**
82 Street Address (P.O. Box Number is Not Acceptable): **10101 E. Bay Harbor Drive #403**
83 City, State, Zip: **Bay Harbor Islands, FL 33154**
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: *Silvia Santamarina* (NOTE: Registered Agent signature required when reinstating) DATE: **1/17/98**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YUKEN, SOLOMON	
STREET ADDRESS	10101 E BAY HARBOR DR	
CITY - ST - ZIP	BAY HARBOR ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ESON, J CINDY	
STREET ADDRESS	10101 E. BAY HARBOR DR.	
CITY - ST - ZIP	BAY HARBOR ISLD. FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MONROE, BARBARA J.	
STREET ADDRESS	10101 E. BAY HARBOR DR.	
CITY - ST - ZIP	BAY HARBOR ISLD. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ONU, NICHOLAS	
STREET ADDRESS	10101 E BAY HARBOR DR	
CITY - ST - ZIP	BAY HARBOR ISLD. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANTANMARINA, SYLVIA	
STREET ADDRESS	10101 E BAY HAROBR DR	
CITY - ST - ZIP	BAY HARBOR ISLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	10101 E Bay Harbor Dr	
STREET ADDRESS	10101 E Bay Harbor Dr	
CITY - ST - ZIP	BAY HARBOR ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D. Eson, J Cindy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	K Bay Harbor Island, FL	
13 STREET ADDRESS	10101 E Bay Harbor Dr	
14 CITY - ST - ZIP	Bay Harbor Island, FL	
21 TITLE	VD	<input checked="" type="checkbox"/> Addition
22 NAME	Anderson, David	
23 STREET ADDRESS	10101 E. Bay Harbor Dr.	
24 CITY - ST - ZIP	Bay Harbor Island, FL	
31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Frimerman, Lily	
33 STREET ADDRESS	10101 E. Bay Harbor Dr.	
34 CITY - ST - ZIP	Bay Harbor Islands, FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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: *Silvia Santamarina* **Silvia Santamarina TD** 305 8655433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)