


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746906 (7)

1. Corporation Name
THE BELMONT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 10101 E BAY HARBOR DRIVE BAY HARBOR FL 33154-1201 US	Mailing Address 10101 E BAY HARBOR DRIVE BAY HARBOR FL 33154-1201 US
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3. Date Incorporated or Qualified 04/25/1979	
4. FEI Number 59-1935876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

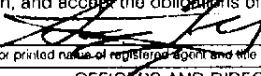
9. Name and Address of Current Registered Agent

**SANTAMARINA, SILVIA
10101 E BAY HARBOR DR., #403
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent

81 Name SALOMON YUKEN	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 10101 E. BAY HARBOR DR.,	
84 City BAY HARBOR ISLANDS FL	85 Zip Code 33154

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:  DATE: **4-17-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ESON, J. CINDY		1.2 NAME	
STREET ADDRESS 10101 E BAY HARBOR DR		1.3 STREET ADDRESS	
CITY-ST-ZIP BAY HARBOR ISLAND FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, DAVID		2.2 NAME	
STREET ADDRESS 10101 E BAY HARBOR DR		2.3 STREET ADDRESS	
CITY-ST-ZIP BAY HARBOR ISLAND FL		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRIMERMAN, LILY		3.2 NAME	
STREET ADDRESS 10101 E BAY HARBOR DR		3.3 STREET ADDRESS	
CITY-ST-ZIP BAY HARBOR ISLAND FL		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SANTAMARIAN, SYLVIA		4.2 NAME	
STREET ADDRESS 10101 E. BAY HARBOR DR., #403		4.3 STREET ADDRESS	
CITY-ST-ZIP BAY HARBOR ISLAND FL		4.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YUKEN, SALOMON		5.2 NAME	
STREET ADDRESS 10101 E. BAY HARBOR E., #704		5.3 STREET ADDRESS	
CITY-ST-ZIP BAY HARBOR ISLANDS FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  **SALOMON YUKEN 4/17/98/305)8610695**

CP2E037 (10/97)