

FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90216 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746906

1. Corporation Name
THE BELMONT CONDOMINIUM ASSOCIATION, INC.

139464 - 90216 - 32

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 <i>40 Creative Management Force</i> 27 <i>6619 S. Dixie Hwy #377</i> 28 <i>Miami, Florida</i> 29 Zip Country 30 <i>33143 USA</i>	3. Date Incorporated or Qualified <i>04/25/1979</i> 4. FEI Number <i>59-1935876</i> 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
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9. Name and Address of Current Registered Agent

YUKEN, SALOMON
 10101 E BAY HARBOR DR., #403
 BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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 _____ DATE _____
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DAVID	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	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, NICOLA	2.2 NAME	
STREET ADDRESS	10101 E. BAY HARBOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIEDLER, SUZANNE	3.2 NAME	<i>TD Silvia Santamarina</i>
STREET ADDRESS	10101 E. BAY HARBOR DR	3.3 STREET ADDRESS	<i>10101 E. Bay Harbor Dr.</i>
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	3.4 CITY-ST-ZIP	<i>Bay Harbor Islands, FL.</i>
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUKEN, SALOMON	4.2 NAME	
STREET ADDRESS	10101 E. BAY HARBOR E., #704	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>D Gladys Martinez - Malo</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>10101 E. Bay Harbor Dr.</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Bay Harbor Islands, FL.</i>
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Silvia Santamarina* 2/29 (305) 865-5433