2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-04-2005 90082 007 ****61.25

DOCUMENT # 751368

1. Entity Name
BEL MARRA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
301 W CAMINO GARDENS BLVD, SUITE 200 BOCA RATON, FL 33432	301 W CAMINO GARDENS BLVD, SUITE 200 BOCA RATON, FL 33432

66011653

03102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6660 Dover Street	500 NE Spanish River Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 18
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip: 33487 Country: US	Zip: 33431 Country: US

4. FEI Number: 59-2035341 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GELFARD, JAYME C/O GLEN MANAGEMENT SERVICES, INC. 301 W CAMINO GARDENS BLVD, SUITE 200 BOCA RATON, FL 33432	Name: Willis, Ernest W. Street Address (P.O. Box Number is Not Acceptable): 500 NE Spanish River Blvd Suite 18 City: Boca Raton FL Zip Code: 33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] ERNEST W. WILLIS 4-15-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAFFEE, HAROCO 660 DOVER STREET A20 BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Priestley, Raymond 6660 Dover St #A3 Boca Raton, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HEILIG, MARY 660 DOVER STREET A10 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Stackpole Turner, Gail 6660 Dover St. # A2 Boca Raton, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, KAREN 660 DOVER ST A-11 BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Priestley, Alma 6660 Dover St. # A3 Boca Raton, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRATIUIO, JAMES 660 DOVER STREET A9 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Pratillo, James 6660 Dover St. # A9 Boca Raton, FL 33487	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Smith, Michael 6660 Dover St. # A11 Boca Raton, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robinson, Lorane 6665 Enfield St. # B19 Boca Raton, FL 33487	☐ Change ☒ Addition

12. 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 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.

SIGNATURE: Jayme Pratillo 561-750-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #