

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751368

FILED
Apr 30, 2008
Secretary of State

Entity Name: BEL MARRA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

660 DOVER STREET
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

500 NE SPANISH RIVER BLVD
SUITE 18
BOCA RATON, FL 33431

New Mailing Address:

C/O FLORIDA ONE PROPERTY MANAGEMENT
PO BOX 880269
BOCA RATON, FL 33488

FEI Number: 59-2035341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURR, ROBERT ESQ
ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE, STE. 701
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILEWSKI, ROSE MAIRE
Address: 660 DOVER ST., #102
City-St-Zip: BOCA RATON, FL 33487

Title: VD () Delete
Name: DOUGHERTY, HUGH
Address: 660 DOVER ST., #216
City-St-Zip: BOCA RATON, FL 33487

Title: SD () Delete
Name: MONTANEZ-ZAMORA, VICTOR
Address: 660 DOVER ST., #115
City-St-Zip: BOCA RATON, FL 33487

Title: TD () Delete
Name: PALLE, FRED
Address: 17665 HOLLYBROOK WAY
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: SOLIES, CARNIE
Address: 665 ENFIELD ST, 204
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SMITH, KAREN
Address: 660 DOVER ST.
City-St-Zip: BOCA RATON, FL 33487

Title: SD (X) Change () Addition
Name: SMITH, MICHAEL
Address: 660 DOVER ST
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: FELICIO, RON
Address: 660 DOVER ST
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WRUSSO

MGR

04/30/2008

Electronic Signature of Signing Officer or Director

Date