FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:06

DOCUMENT # 767326 (2)

1. Corporation Name
BELLATRIX CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1000 EAST BLUE HERON BLVD. RIVIERA BEACH FL 33404	1000 EAST BLUE HERON BLVD. RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1983
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2265680 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

BOWEN, HELEN
1944 KATHY LANE
JUNO FL 33408

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Helen Bowen Helen Bowen 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	~~PELKONEN, EDWIN~~	12 NAME	ESAU, TIMOTHY J., II	
STREET ADDRESS	~~420 N 5TH ST~~	13 STREET ADDRESS	P.O. BOX 702826, 13832 E 27TH PLACE	
CITY-ST-ZIP	~~LANTANA FL~~	14 CITY-ST-ZIP	TULSA, OK 74170-2826	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	MULVEY, JOHN T JR	22 NAME		
STREET ADDRESS	1800 S OCEAN BLVD 107	23 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JOHN	32 NAME		
STREET ADDRESS	1878 KATHY LANE	33 STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH. FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	MOODY, JAMES	42 NAME		
STREET ADDRESS	20 YACHT CLUB DR 101B	43 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	REWRITTED BY MAY 1	☐ Change ☐ Addition
NAME	SOROTA, JOSEPH	52 NAME		
STREET ADDRESS	3000 N OCEAN DR 8C	53 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISL FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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: John W.C. Martin John W.C. Martin 5/1/95 (407)845-8222
SIGNATURE AND TYPED OR PRINTED NAME OF MGR/MBR OFFICER OR DIRECTOR Date Daytime Phone #

0010032