

# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**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



3. Date Incorporated or Qualified

03/07/1983

3a. Date of Last Report

05/01/1995

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**

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWEN, HELEN**  
**1944 KATHY LANE**  
**JUNO FL 33408**

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

*Helen Bowen*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/4/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ESAU, TIMOTHY J II	
STREET ADDRESS	P O BOX 702826, 13832 E 27TH PL	
CITY-ST-ZIP	TULSA OK	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MULVEY, JOHN T JR	
STREET ADDRESS	1800 S OCEAN BLVD 107	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JOHN	
STREET ADDRESS	1878 KATHY LANE	
CITY-ST-ZIP	JUNO BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOODY, JAMES	
STREET ADDRESS	20 YACHT CLUB DR 101B	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOROTA, JOSEPH	
STREET ADDRESS	3000 N OCEAN DR 8C	
CITY-ST-ZIP	SINGER ISL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOFFITT, CRAIG	
3.3 STREET ADDRESS	2626 LAKE DRIVE	
3.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

*Craig M Moffitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

Date

(407) 842-8071

Daytime Phone #

CR2E037 (12/95)