

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE 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 1000 EAST BLUE HERON BLVD. RIVIERA BEACH FL 33404	Mailing Address 1000 EAST BLUE HERON BLVD. RIVIERA BEACH FL 33404-4726
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1983		3a. Date of Last Report 03/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2265680		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 **Helen Bowen** **4/1/97**
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	T	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ESAU, TIMOTHY J II			1.2 NAME	WEIGELE, CALVINA		
STREET ADDRESS	P O BOX 702826, 13832 E 27TH PL			1.3 STREET ADDRESS	433 LIGHTHOUSE DRIVE		
CITY-ST-ZIP	TULSA OK			1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	MULVEY, JOHN T JR			2.2 NAME			
STREET ADDRESS	1800 S OCEAN BLVD 107			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOFFITT, CRAIG			3.2 NAME			
STREET ADDRESS	2626 LAKE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOODY, JAMES			4.2 NAME			
STREET ADDRESS	20 YACHT CLUB DR 101B			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH GARDENS FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOROTA, JOSEPH			5.2 NAME			
STREET ADDRESS	3000 N OCEAN DR 8C			5.3 STREET ADDRESS			
CITY-ST-ZIP	SINGER ISL FL			5.4 CITY-ST-ZIP			
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 do 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.

CP2E037 (9/96)