FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(2)

BELLATHIX CONDOMINION ASSOCIATION, INC.									
Principal Place of Business Mailing Address									100 15 100 0 11 1 11 10 11 10 11 10 11 10 11 11
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
								:	4. FEI Number Applied For 59-2265680 Not Applicable
2. Principal Place of Business 2a. Mailing Address									5. Certificate of Status Desired S8.75 Additional
21			26						Fee Required
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
City & Stat	e		27	City & State					7. Is this nonprofit corporation a homeowners association?
23			28	- '					☐ Yes ☐ No
Zip	Country Zip				Cc	Country 8. This corporation owes or has paid the current year Intangible			
24	25			29 30					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent							Name		10. Name and Address of New Registered Agent
						81			
BOWEN, HELEN						82	Street	Addres	ss (P.O. Box Number Is Not Acceptable)
1944 KATHY LANE JUNO FL 33408						83			
30110 1 2 30400						84 City 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 WOLLD BOWEN BOWEN									1/19/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.							rit signature	redolled	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELETE					☐ Change ☐ Addition
NAME	WIGELE,	CALVINA		1.		NAME			
STREET ADDRESS	ET ADDRESS 433 LIGHTHOUSE DR 1.3					STREET	ADDRESS		
CITY-ST-ZIP						CITY-S	T- ZIP		
TITLE	VP		☐ DELETE					Change Addition	
NAME	MULVEY, JOHN T JR					2.2 NAME			
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP						CITY-S	T-ZIP		Change Addition
TITLE	- • •					TITLE			Change Addition
NAME	Acces to Asset Smith and					NAME	4000000		
STREET ADDRESS	DUIEDA DELOU EL						ADDRESS		
CITY-ST-ZIP	SD	DELETE		3.4. CITY-ST-ZIP 4.1 TITLE		-	Change Addition		

14. Thereby certify that the information supplied with this filling 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 jeceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SIGNATURE:

MOODY, JAMES

SOROTA, JOSEPH

SINGER ISL FL

3000 N OCEAN DR 8C

20 YACHT CLUB DR 101B

PALM BCH GARDENS FL

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 29 1998 8:00am

1629 MOONBEAM DRIVE MALABAR, FL 32950 MChange

339 SANDAL LANE

Secretary of State