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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767326

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/07/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2265680	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGELE, CALVINA	1.2 NAME	NORDEN, SYLVIA
STREET ADDRESS	433 LIGHTHOUSE DR	1.3 STREET ADDRESS	24 GLENFAIR ROAD
CITY-ST-ZIP	N PALM BEACH FL	1.4 CITY-ST-ZIP	GLEN ROCK, NJ 07452
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULVEY, JOHN T JR	2.2 NAME	DEJAGER, RICHARD
STREET ADDRESS	1800 S OCEAN BLVD 107	2.3 STREET ADDRESS	6004 GLENLEAGUE DRIVE
CITY-ST-ZIP	POMPAHO BCH FL	2.4 CITY-ST-ZIP	HUDSONVILLE, MI 49426
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOFFITT, CRAIG	3.2 NAME	MULLEN, JAMES F.
STREET ADDRESS	2626 LAKE DRIVE	3.3 STREET ADDRESS	2904 W. MILLER DR.
CITY-ST-ZIP	RIVIERA BEACH FL	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MOODY, JAMES	4.2 NAME	
STREET ADDRESS	1629 MOONBEAM DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL 32950	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SOROTA, JOSEPH	5.2 NAME	
STREET ADDRESS	339 SANDAL LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF PRESIDENT

3/10/99 (561) 845-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)