

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90051 001 ****61.25

DOCUMENT # 767326

1. Entity 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 33404-4726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2265680

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWEN, HELEN
1944 KATHY LANE
JUNO FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NORDEN, SYLVIA**
 CITY-ST-ZIP **24 GLENTHIR ROAD**
GLENROCK NJ 07452

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **MULVEY, JOHN T JR**
 CITY-ST-ZIP **1800 S OCEAN BLVD 107**
POMPANO BCH FL

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **PELKONEN, EDWIN**
 CITY-ST-ZIP **420 NORTH 5TH STREET**
LANTANA, FL 33462

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MOFFITT, CRAIG**
 CITY-ST-ZIP **2626 LAKE DRIVE**
RIVIERA BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **MOODY, JAMES**
 CITY-ST-ZIP **1629 MOONBEAM DRIVE**
MALABAR FL 32950

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **PALKOVIC, GERALDINE A.**
 CITY-ST-ZIP **102 E. TIFFANY DRIVE, APT. #3**
WEST PALM BEACH, FL 33407

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SOROTA, JOSEPH**
 CITY-ST-ZIP **339 SANDAL LANE**
PALM BEACH SHORES FL 33404

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BEJABER, RICHARD**
 CITY-ST-ZIP **5004 GLENEAGLE DRIVE**
HUDSONVILLE MI 49926

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **DE JAGER, RICHARD**
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Craig W. Moffitt **Craig W. Moffitt** 3/24/00 561-845-8222