

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90200 025 ****70.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2265680

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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 **CRAIG MOFFITT**

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

226 BAMBOO ROAD

City **PALM BEACH SHORES, FL** Zip Code **33404**

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 *Craig W. Moffitt*

CRAIG W. MOFFITT

4-25-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE 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 **D** Delete
 NAME **NORDEN, SYLVIA**
 STREET ADDRESS **24 GLENTHIR ROAD**
 CITY-ST-ZIP **GLENROCK NJ 07452**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **PELKONEN, EDWIN**
 STREET ADDRESS **420 N 5TH ST**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **MD** Change Addition
 NAME **MOFFITT, CRAIG**
 STREET ADDRESS **226 BAMBOO ROAD**
 CITY-ST-ZIP **Palm Beach Shores, FL 33404**

TITLE **D** Delete
 NAME **PALKOVIC, GERALDINE A**
 STREET ADDRESS **102 E TIFFANY DR APT-#3**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **P** Change Addition
 NAME **Mullen, Jim**
 STREET ADDRESS **2904 North Miller Drive**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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

TITLE **D** Change Addition
 NAME **IADOROLA, THOMAS**
 STREET ADDRESS **85 Viscount Drive 12B**
 CITY-ST-ZIP **Milford, CT. 06460**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 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)(i), 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:

Craig W. Moffitt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG W. MOFFITT **4-25-01**

Date

Daytime Phone #

848-4006

CR3E037 (10/00)