

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90245 013 ****61.25

DOCUMENT # 767326

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2265680

Applied For
Not Applicable

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

**MOFFITT, CRAIG
226 BAMBOO ROAD
PALM BEACH SHORES FL 33404**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P** ☒ Change ☐ Addition
NAME **Norden Sylvia**
STREET ADDRESS **24 Glenfair Road**
CITY-ST-ZIP **Glenrock, NJ 07452**

TITLE **V** ☒ Delete
NAME **IADOROLA, TOM**
STREET ADDRESS **85 VISCOUNT DRIVE 12 B**
CITY-ST-ZIP **MILFORD CT 06460**

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

TITLE **MD** ☐ Delete
NAME **MOFFITT, CRAIG**
STREET ADDRESS **226 BAMBOO ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33404**

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

TITLE **P** ☐ Delete
NAME **FUGETTE, TOM**
STREET ADDRESS **225 87TH STREET**
CITY-ST-ZIP **PLEASANT PRAIRIE WI 53158**

TITLE **S** ☐ Change ☒ Addition
NAME **Patricia M. Skrandel**
STREET ADDRESS **804 Buttonwood Road**
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **T** ☒ Delete
NAME **KENNY, ANTHONY**
STREET ADDRESS **48 LILNTON STREET**
CITY-ST-ZIP **STRATFORD CT 06497**

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

TITLE **D** ☒ Delete
NAME **DESJARDINE, NELSON**
STREET ADDRESS **PO BOX 189**
CITY-ST-ZIP **GRAND BENDE, ONTARIO, CANADA**

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: *Patricia M. Skrandel* **Patricia M. Skrandel, Sec. 4-14-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #