

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767326

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: BELLATRIX CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 EAST BLUE HERON BLVD.  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1000 EAST BLUE HERON BLVD.  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

FEI Number: 59-2265680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKRANDEL, PATRICIA M  
804 BUTTONWOOD ROAD  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TONY, LONGANO  
Address: 1495 SOUTH BELVOIR BLVD.  
City-St-Zip: SOUTH EUCLID, OH 44121

Title: T ( ) Delete  
Name: NORDEN, SYLVIA  
Address: 24 GLENTHIR ROAD  
City-St-Zip: GLENROCK, NJ 07452

Title: S ( ) Delete  
Name: SKRANDEL, PATRICIA M  
Address: 804 BUTTONWOOD RD.  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LONGANO, TONY  
Address: 1495 SOUTH BELVOIR BLVD.  
City-St-Zip: SOUTH EUCLID, OH 44121

Title: T (X) Change ( ) Addition  
Name: PAYNE, JOHN  
Address: 92964 COUNTY ROAD #690  
City-St-Zip: DOWAGIAC, MI 49047

Title: D (X) Change ( ) Addition  
Name: SKRANDEL, PATRICIA M  
Address: 804 BUTTONWOOD RD.  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S ( ) Change (X) Addition  
Name: HANSEN, MARIAN  
Address: 1281 N OCEAN DRIVE, PHB 154  
City-St-Zip: SINGER ISLAND, FL 33404

Title: VP ( ) Change (X) Addition  
Name: KUIPER, VERNON  
Address: 5728 ETHELWIN N E  
City-St-Zip: BELMONT, MI 49306

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM S. THORSEN, CPA

CPA

04/28/2006

Electronic Signature of Signing Officer or Director

Date