

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767326

FILED
Feb 05, 2007
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: LONGANO, TONY
Address: 1495 SOUTH BELVOIR BLVD.
City-St-Zip: SOUTH EUCLID, OH 44121

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

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

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

Title: D () Delete
Name: KUIPER, VERNON
Address: 5728 ETHELWIN N E
City-St-Zip: BELMONT, MI 49306

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: VANDER KOOL, BRUCE
Address: 1414 HAVERHILL ROAD
City-St-Zip: MUSKEGON, MI 49441

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

02/05/2007

Electronic Signature of Signing Officer or Director

Date