

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768607 (4)
1. Corporation Name
BEL-AIR DRIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% PAUL HOLMES **% GEORGE B. GROSHEIM**
1110 BEL AIRE DR. **1210 S.E. 5TH ST.**
HIGHLAND BEACH FL 33487-4208 **DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified **05/24/1983** 3a. Date of Last Report **12/05/1995**
4. FEI Number **59-2435866** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent
GROSHEIM, GEORGE B
1210 S.E. 5TH ST.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	HOLMES, PAUL	
STREET ADDRESS	1110 BEL AIRE DR.	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	VD	
NAME	RUSSO, CHARLES	
STREET ADDRESS	1110 BEL AIRE DR.	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	SD	
NAME	JOFFE, SCOTT	
STREET ADDRESS	1110 BEL AIRE DR.	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	M	
NAME	GROSHEIM, GEORGE B	
STREET ADDRESS	1210 S.E. 5TH ST	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if engaged or on an attachment with an address.

SIGNATURE: George B. Grosheim Date: 5/20/96 Daytime Phone #: 954-481-9844

CR2E037 (12/95)