

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768607

1. Entity Name

BEL-AIR DRIVE CONDOMINIUM ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90050 015 ****61.25

Principal Place of Business

Mailing Address

% PAUL HOLMES
1110 BEL AIRE DR.
HIGHLAND BEACH FL 33487-4208

% GEORGE B. GROSHEIM
1210 S.E. 5TH ST.
DEERFIELD BEACH FL 33441-4922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2435866

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GROSHEIM, GEORGE B
1210 S.E. 5TH ST.
DEERFIELD BEACH FL 33441

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.

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, PAUL	NAME	
STREET ADDRESS	1110 BEL AIRE DR.	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, CHARLES	NAME	
STREET ADDRESS	1110 BEL AIRE DR.	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOFFE, SCOTT	NAME	
STREET ADDRESS	1110 BEL AIRE DR.	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSHEIM, GEORGE B	NAME	
STREET ADDRESS	1210 S.E. 5TH ST	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George B. Grosheim
 4/21/00 954-481-9844
 Date Daytime Phone #

CR2E037 (9/99)