


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90297 006 ****61.25

DOCUMENT # 768607

1. Entity Name
BEL-AIR DRIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 % PAUL HOLMES
 1110 BEL AIRE DR.
 HIGHLAND BEACH, FL 33487-4208

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

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|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business <i>1110 Bel Air Dr</i> | | 3. Mailing Address <i>1110 Bel Air Dr</i> | |
| Suite, Apt. #, etc. <i># A</i> | | Suite, Apt. #, etc. <i># A</i> | |
| City & State <i>Highland Beach</i> | | City & State <i>Highland Bch, FL</i> | |
| Zip <i>33487</i> | Country <i>USA</i> | Zip <i>33487</i> | Country <i>USA</i> |



01092004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2435866

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Scott S. Joffe

Street Address (P.O. Box Number is Not Acceptable)
1110 Bel Air Dr #A

City
Highland Beach **FL** Zip Code
33487

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 *Scott S. Joffe* *Scott S. Joffe* *4/27/04*

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

Filing 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Scott Joffe 1110 Bel Air Dr Highland Bch, FL 33487 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Melinda Russo 1110 Bel Air Dr Highland Bch, FL 33487 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD chuck Russo 1110 Bel Air Dr Highland Bch, FL 33487 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Scott S. Joffe* *Scott S. Joffe* *4/27/04* *862 2775*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #