

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768607

FILED  
Aug 10, 2005  
Secretary of State

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

## Current Principal Place of Business:

1110 BEL AIR DR  
#A  
HIGHLAND BEACH, FL 33487

## New Principal Place of Business:

## Current Mailing Address:

1110 BEL AIR DR  
#A  
HIGHLAND BEACH, FL 33487

## New Mailing Address:

FEI Number: 59-2435866      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

JOFFE, SCOTT S  
1110 BEL AIR DR #A  
HIGHLAND BEACH, FL 33487      US

## Name and Address of New Registered Agent:

JOFFE, SCOTT S  
1110 BEL AIR DR  
#A  
HIGHLAND BEACH, FL 33487      US

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: \_\_\_\_\_

08/10/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD      ( ) Delete  
Name: RUSSO, CHUCK  
Address: 1110 BEL AIRE DR.  
City-St-Zip: HIGHLAND BCH, FL 33487

Title: PD      ( ) Delete  
Name: JOFFE, SCOTT,  
Address: 1110 BEL AIRE DR.  
City-St-Zip: HIGHLAND BCH, FL 33487

Title: VD      ( ) Delete  
Name: RUSSO, MELINDA  
Address: 1110 BEL AIR DR  
City-St-Zip: HIGHLAND BCH, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD      (X) Change ( ) Addition  
Name: RUSSO, CHUCK  
Address: 1110 BEL AIR DR.  
City-St-Zip: HIGHLAND BCH, FL 33487

Title: PD      (X) Change ( ) Addition  
Name: JOFFE, SCOTT,  
Address: 1110 BEL AIR DR.  
City-St-Zip: HIGHLAND BCH, FL 33487

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT JOFFE

PD

08/10/2005

Electronic Signature of Signing Officer or Director

Date