


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 768607 1. Entity Name BEL-AIR DRIVE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1110 BEL AIR DR #A HIGHLAND BEACH, FL 33487	Mailing Address 1110 BEL AIR DR #A HIGHLAND BEACH, FL 33487
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DO NOT WRITE IN THIS SPACE



07202006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2435866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000572212
 07/25/06-80020-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSO, CHUCK 1110 BEL AIR DR. HIGHLAND BCH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOFFE, SCOTT 1110 BEL AIR DR. HIGHLAND BCH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSO, MELINDA 1110 BEL AIR DR HIGHLAND BCH, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Joffe Scott Joffe 7/21/06 (562)862-2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #