

**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.**



Principal Place of Business  
**1110 BEL AIR DR  
#A  
HIGHLAND BEACH, FL 33487**

Mailing Address  
**1110 BEL AIR DR  
#A  
HIGHLAND BEACH, FL 33487**



07202006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

U000000572212  
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOFFE, SCOTT 1110 BEL AIR DR. HIGHLAND BCH, FL 33487
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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 (561)862-2775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #