

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2008
Secretary of State**

DOCUMENT# 768607

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 ()

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:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

02/04/2008

Electronic Signature of Signing Officer or Director

_____ Date