

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90107 030 \*\*\*\*61.25

**DOCUMENT # 815072**

1. Entity Name  
**BELLE ISLE APARTMENT CORPORATION**



Principal Place of Business  
**3 ISLAND AVENUE  
BELLE ISLE  
MIAMI BEACH, FL 33139**

Mailing Address  
**3 ISLAND AVENUE  
BELLE ISLE  
MIAMI BEACH, FL 33139**

**50013721**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-0940892**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BOUCHER, YUES  
3 ISLAND AVENUE  
MIAMI, FL 33139**

## 7. Name and Address of New Registered Agent

Name **SANTIAGO ALVAREDO**

Street Address (P.O. Box Number is Not Acceptable)

**3 Island Ave 33139**

City **MIAMI BEACH**

**FL**

Zip Code **33139**

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)

**4/10/06**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	Delete
P	BOUCHER, YUES	3 ISLAND AVENUE	MIAMI, FL 33139	<input checked="" type="checkbox"/>
V	WINSTON, IRVING	3 ISLAND AVENUE	MIAMI, FL 33139	<input checked="" type="checkbox"/>
T	CELIS, SERGIO	3 ISLAND AVENUE	MIAMI, FL 33139	<input checked="" type="checkbox"/>
S	SANDRA, PAUL	3 ISLAND AVE	MIAMI, FL 33139	<input checked="" type="checkbox"/>
D	RIMA, JOHN	3 ISLAND AVENUE	MIAMI, FL 33139	<input checked="" type="checkbox"/>
D	ARONOFF, MERV	3 ISLAND AVENUE	MIAMI, FL 33139	<input checked="" type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Santiago Alvarado	3 Island Ave	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
V	GARY FISHER	3 Island Ave	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
T	SHANNON FALKNER	3 Island Ave	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
S	Arelene De La Toire	3 Island Ave	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	JOHN DiPrizito	3 Island Ave	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	JOHN GUFFY	3 Island Ave	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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:**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

**4-13-06**