2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 815072

Entity Name: BELLE ISLE APARTMENT CORPORATION

Current Principal Place of Business:

3 ISLAND AVENUE
BELLE ISLE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

3 ISLAND AVENUE
BELLE ISLE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-0940892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNSTEIN, PAUL
3 ISLAND AV E 33139
MIAMI, FL 33139 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:	P	( ) Delete
Name:	BERNSTEIN, PAUL	
Address:	3 ISLAND AVE	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	VP	( ) Delete
Name:	GUFFY, JOHN	
Address:	3 ISLAND AVE	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	T	( ) Delete
Name:	FISHER, GARY	
Address:	3 ISLAND AVE	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	S	( ) Delete
Name:	PROSS, MARLENE	
Address:	3 ISLAND AVE	
City-St-Zip:	MIAMI, FL 331589	
Title:	D	( ) Delete
Name:	MONEY, SANDY	
Address:	3 ISLAND AVENUE	
City-St-Zip:	MIAMI, FL 33139	
Title:	D	( ) Delete
Name:	FALKNER, SHANNON	
Address:	3 ISLAND AVENUE	
City-St-Zip:	MIAMI, FL 33139	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	DESTEFANO, DIANE	
Address:	3 ISLAND AVE	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HAMERSLY, BURTON	
Address:	3 ISLAND AVENUE	
City-St-Zip:	MIAMI, FL 33139	

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: PAUL BERNSTEIN P 04/07/2009

Electronic Signature of Signing Officer or Director — Date