2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L48054

1. Entity Name
BEL-AIRE BEACH APARTMENTS, INC.

Principal Place of Business
1800 NORTH BROADWALK
OFFICE
HOLLYWOOD FL 33019
US

Mailing Address
BELAIRE BEACH APT.
1800 N. BROADWALK
HOLLYWOOD FL 33019
US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0173775 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

MCADAMS, GRACE D.
1800 N. BROADWALK
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

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

City | FL | Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
PD MCADAMS, GRACE 1800 N BOARDWALK HOLLYWOOD BCH FL	☐ Delete	
SP MCADAMS, CRAIG 320 N.E. 2 COURT DANIA FL	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
	☐ Change ☐ Addition	U00000601277 01/26/07-80042-020 150.00
	☐ Change ☐ Addition	
	☐ Change ☐ Addition	
	☐ Change ☐ Addition	
	☐ Change ☐ Addition	
	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Grace D. Mc Adams — Jan. 20 2007 — (954) 922-7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #