

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90020 040 ****61.25

DOCUMENT # N01000001863

1. Entity Name
LAKE BELMAR HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business
**1110 BRICKELL AVENUE SEVENTH FLOOR
MIAMI, FL 33131**

Mailing Address
**1110 BRICKELL AVENUE SEVENTH FLOOR
MIAMI, FL 33131**

44060436



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
74-3046006

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FENTE, MANUEL F ESQ
1110 BRICKELL AVENUE SEVENTH FLOOR
MIAMI, FL 33131**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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	PD DIAZ, MARITZA GARI	<input type="checkbox"/> Delete
STREET ADDRESS	1230 NE 89 ST.	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE NAME	VD LEER, JOHN V	<input type="checkbox"/> Delete
STREET ADDRESS	1200 NE 89 ST.	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE NAME	S ROQUE, ANNE	<input type="checkbox"/> Delete
STREET ADDRESS	1113 NE 89 STREET	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE NAME	T EIDENIRE, KIM	<input type="checkbox"/> Delete
STREET ADDRESS	1135 NE 89 STREET	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Maria E. Fente	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8911 N. Bayshore Drive, Mia, Fl	
CITY-ST-ZIP		
TITLE NAME	VP Joe Zibelli	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1199 NE 90 Street, Mia, Fl	
CITY-ST-ZIP		
TITLE NAME	S Tim Creagan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1099 NE 89 Street, Mia, Fl	
CITY-ST-ZIP		
TITLE NAME	T Kim Eidenire	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1135 NE 89 Street, Mia, Fl	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

Maria Fente *Maria Fente* 4-7-04 379-4900