


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N01000001863 1. Entity Name LAKE BELMAR HOME OWNER'S ASSOCIATION, INC. |  |
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| Principal Place of Business 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI, FL 33131 | Mailing Address 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI, FL 33131 |
|--|--|

DO NOT WRITE IN THIS SPACE



04062008 No Chg-NP CR2E037 (4/06)

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|---|--|
| 4. FEI Number 74-3046006 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2008**

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 FENTE, MANUEL 8911 N BAYSHORE DR MIAMI, FL 33138 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FENTE, MARIA E 8911 N. BAYSHORE DR MIAMI, FL 33138 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STEARNS, KIM 1233 NE 89 STREET MIAMI, FL 33138 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/23/08-80079-025 61.25

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IN THIS SPACE**

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: Kim Stearns **Kim Stearns** 4/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #