## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 07, 2004 8:00 am Secretary of State DOCUMENT # N03000009359 03-22-2004 90061 010 \*\*\*\*61 25 1. Entity Name BELLAMAR AT BEACHWALK VI, CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address POATAAA. 11030 N. KENDALL DRIVE SUITE 100 MIAMI FL 33176 11030 N. KENDALL DRIVE SUITE 100 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 05 007 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLAR, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 11030 N. KENDALL DRIVE SUITE 100 **MIAMI FL 33176** City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 \$5.00 May Be Added to Fees 9. Election Campaign Financing Make Check Payable to Due By May 1, 2004 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change Addition ☐ Delete TITLE VILLAR, GABRIEL NAME NAME 11030 N. KENDALL DRIVE SUITE 100 STREET ADORESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition PALLIN, RAMON NAME NAME 11030 N. KENDALL DRIVE SUITE 100 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change Addition VASQUEZ, JOHANNY NAME 11030 N. KENDALL DRIVE SUITE 100 STREET ACCIDENS STREET ADDRESS CITY-ST-ZIP MIAMI.FL 33176 ... -CITY-ST-ZIP Addition 110 F ☐ Chance TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 tiple empowered.

**FILED** 

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