





**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

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

3/11<sup>3</sup>

03-19-2008 90026 017 \*\*\*\*61.25

DOCUMENT # N03000010543			
1. Entity Name THE RESIDENCES OF BELMONT AT BOYNTON BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ONE BELMONT PLACE BOYNTON BEACH, FL 33436		C.A.S. Realty Management, LLC 1901 S. Congress Ave Suite 480 Boynton Beach, FL 33426	
2. Principal Place of Business - No P.O. Box #		66012280 	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02282008 Chg-NP	CR2E037 (12/06)
City & State	City & State	4. FEI Number 20-0484663	Applied For Not Applicable
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION SERVICES 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name: C.A.S. Realty Management, LLC Street Address (P.O. Box Number is Not Acceptable): 1901 S. Congress Ave, Ste 480 City: Boynton Beach FL Zip Code: 33426	
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: 		DATE: 5/20/08	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, BEN 951 BROKEN SAND PKWY #250 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Ben 105 Belmont Place Boynton Beach, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTSON, JAY 951 BROKEN SAND PKWY # 250 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FASO, TONY 951 BROKEN SAND PKWY #250 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tony Faso 1107 Belmont place Boynton Beach, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice-President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abbe Gliecher 105 Belmont Place Boynton Beach, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 817, 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 lists empowered.			
SIGNATURE: 		DATE: 3/4/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		Date	