

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010543

FILED  
May 07, 2009  
Secretary of State

**Entity Name:** THE RESIDENCES OF BELMONT AT BOYNTON BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE BELMONT PLACE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

1901 S. CONGRESS AVE  
STE 480  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

C/O C.A.S.  
951 BROKEN SOUND PKWY SUITE 250  
BOCA RATON, FL 33487

**New Mailing Address:**

1901 S. CONGRESS AVE  
STE 480  
BOYNTON BEACH, FL 33426

**FEI Number:** 20-0484663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

C.A.S. REALTY MANAGEMENT LLC  
1901 S CONGRESS AVE  
STE 480  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THOMAS, BEN  
Address: 605 BELMONT PLACE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP ( ) Delete  
Name: FASO, TONY  
Address: 1107 BELMONT PLACE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S ( ) Delete  
Name: BLEICHER, ABBE  
Address: 1405 BELMONT PLACE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: THOMAS, BEN  
Address: 1901 S. CONGRESS AVE STE 480  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP (X) Change ( ) Addition  
Name: FASO, TONY  
Address: 1901 S. CONGRESS AVE STE 480  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S (X) Change ( ) Addition  
Name: BLEICHER, ABBE  
Address: 1901 S. CONGRESS AVE STE 480  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BEN

P

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date