

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