
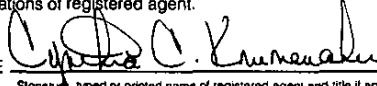
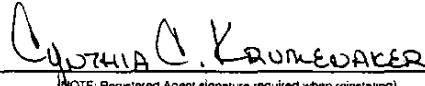
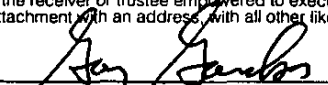


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90100 043 ****61.25

DOCUMENT # N04000002021 1. Entity Name BELEZA ON VENICE BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 811 THE ESPLANADE N VENICE, FL			Mailing Address C/O SUNVAST MANAGEMENT 381 INTERSTATE BLVD. SARASOTA, FL 34240		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address C/O AUTARES GROUP, INC. 4145 S. MIAMI TL, PMB #173 City & State VENICE, FL Zip 34293			
City & State VENICE, FL		4. FEI Number 20-3422863		Applied For <input type="checkbox"/> Not Applicable	
Zip 34293		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, MARC ESQ 877 EXECUTIVE CENTER DR W STE 205 ST PETERSBURG, FL 33702-2472			7. Name and Address of New Registered Agent Name AUTARES GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) 4145 S. MIAMI TL PMB #173 City VENICE FL Zip Code 34293		
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		SIGNATURE  <small>NOTE: Registered Agent signature required when reinstating</small>		DATE 03.08.07	
Filing Fee is \$61.25 Due by May 1, 2007		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	DP BERARDO, PATRICK <input checked="" type="checkbox"/> Delete 877 EXECUTIVE CENTER DR W STE 205 ST PETERSBURG, FL 337022472		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEHLERTS, RICHARD 811 THE ESPLANADE #703 VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete FOX, JOAN 877 EXECUTIVE CENTER DR W STE 205 ST PETERSBURG, FL 337022472		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID <input type="checkbox"/> Change <input type="checkbox"/> Addition BERVICK, DIANE 811 THE ESPLANADE #601 VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Delete GANARAS, GARY 877 EXECUTIVE CENTER DR W STE 205 ST. PETERSBURG, FL 337022472		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GANAKAS, GARY 811 THE ESPLANADE #402 VENICE, FL 34285	
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	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 03.08.07		DAYTIME PHONE # 941-484-7900	