

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90038 037 ****62.25

DOCUMENT # N04000004074							
1. Entity Name BELCAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 2040 N.E. COACHMAN RD. CLEARWATER, FL 33765			Mailing Address 2040 N.E. COACHMAN RD. CLEARWATER, FL 33765				
2. Principal Place of Business 1744 N. Belcher Rd. Suite, Apt. #, etc. Suite 200 City & State Clearwater, FL Zip 33765 Country USA		3. Mailing Address 1744 N. Belcher Rd. Suite, Apt. #, etc. Suite 200 City & State Clearwater, FL Zip 33765 Country USA					
4. FEI Number 01052006 Chg-NP CR2E037 (11/05) 04-3791827				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KLEIN, MARK S 2040 N.E. COACHMAN RD. CLEARWATER, FL 33765			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLEIN, MARK S		NAME	Klein, Mark S.			
STREET ADDRESS	2040 N.E. COACHMAN RD.		STREET ADDRESS	1744 N. Belcher Rd. Ste 200			
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	Clearwater, FL 33765			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLEIN, STEVEN		NAME	Klein, Steven G.			
STREET ADDRESS	2040 N.E. COACHMAN RD.		STREET ADDRESS	1744 N Belcher Rd Ste 200			
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	Clearwater, FL 33765			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLEIN, JUDITH		NAME	Klein, Judith			
STREET ADDRESS	2040 N.E. COACHMAN RD.		STREET ADDRESS	1744 N Belcher RD Ste 200			
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	Clearwater, FL 33765			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
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 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:			1/19/06 727-481-1951				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				