

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009331

FILED
Jun 16, 2006
Secretary of State

Entity Name: BELVEDERE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVER CRESTED MGT. INC.
P O BOX 1848
FORT MYERS, FL 33902

New Principal Place of Business:

Current Mailing Address:

C/O SILVER CRESTED MGT. INC.
P O BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 56-2589611 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:

Name and Address of New Registered Agent:

SILVER CRESTED MG. INC.
3440 MARINATOWN LANE #203
NORTH FORT MYERS, FL 32903 US

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: D () Delete
Name: HEDMAN, HENRY
Address: C/O SILVER CRESTED MGT., INC, PO BOX 1848
City-St-Zip: FT MYERS, FL 33902

Title: D () Delete
Name: HEDMAN, MAURICE
Address: C/O SILVER CRESTED MGT., INC, PO BOX 1848
City-St-Zip: FT MYERS, FL 33902

Title: D () Delete
Name: BACQUERIZO, GIOVANNI
Address: C/O SILVER CRESTED MGT., INC, PO BOX 1848
City-St-Zip: FT MYERS, FL 33902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HEDMAN, HENRY
Address: C/O SILVER CRESTED MGT., INC, PO BOX 1848
City-St-Zip: FT MYERS, FL 33902

Title: PD (X) Change () Addition
Name: HEDMAN, MAURICE
Address: C/O SILVER CRESTED MGT., INC, PO BOX 1848
City-St-Zip: FT MYERS, FL 33902

Title: TD (X) Change () Addition
Name: BACQUERIZO, GIOVANNI
Address: C/O SILVER CRESTED MGT., INC, PO BOX 1848
City-St-Zip: FT MYERS, FL 33902

I hereby certify that the information supplied with this filing does not qualify for the 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: MAURICE HEADMAN

PD

06/16/2006

Electronic Signature of Signing Officer or Director

Date