

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009331

FILED
Feb 14, 2008
Secretary of State

Entity Name: BELVEDERE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVER CRESTED MGT. INC.
3440 MARINATOWN LANE #203
FORT MYERS, FL 33902

New Principal Place of Business:

C/O SILVER CRESTED MANAGEMENT LLC
3440 MARINATOWN LANE #203
NORTH FORT MYERS, FL 33903

Current Mailing Address:

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

New Mailing Address:

C/O SILVER CRESTED MANAGEMENT LLC
P O BOX 1848
FORT MYERS, FL 33902

FEI Number: 56-2589611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SILVER CRESTED MANAGEMENT LLC
3440 MARINATOWN LANE #203
NORTH FORT MYERS, FL 33903 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: LEE J. VAN TILBURG

02/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFMANN, EUGENE
Address: 4520 SKYLINE BLVD #106
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: KAWALCZYK, JOSEPH
Address: 4520 SKYLINE BLVD #201
City-St-Zip: CAPE CORAL, FL 33914

Title: STD () Delete
Name: BUMPUS, ROXANNA
Address: 4520 SKYLINE BLVD
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HOFFMANN, PATRICIA
Address: 4520 SKYLINE BLVD #106
City-St-Zip: CAPE CORAL, FL 33914

Title: STD (X) Change () Addition
Name: ROUP, MARIE
Address: 4520 SKYLINE BLVD #104
City-St-Zip: CAPE CORAL, FL 33914

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: EUGENE HOFFMANN

PD

02/14/2008

Electronic Signature of Signing Officer or Director

Date