

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009331

FILED
Feb 26, 2009
Secretary of State

Entity Name: BELVEDERE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O SILVER CRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903

Current Mailing Address:

C/O SILVER CRESTED MANAGEMENT LLC
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 ()

Name and Address of Current Registered Agent:

DEMOS, ANDREW C
3350 SE 148TH AVE.
STE 110
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
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: CHAD VAN TILBURG

02/26/2009

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: HOFFMANN, PATRICIA
Address: 4520 SKYLINE BLVD #106
City-St-Zip: CAPE CORAL, FL 33914

Title: STD () Delete
Name: ROUP, MARIE
Address: 4520 SKYLINE BLVD #104
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: HAALAND, EARL
Address: 9809 BOROSO WAY 105
City-St-Zip: FORT MYERS, FL 33908

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

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

02/26/2009

Electronic Signature of Signing Officer or Director

Date