## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04210

(3)

## FILED Feb 02 1998 8:00am Secretary of State

BEL CREST CONDOMINIUM, INC.								
Principal Place of Business Mailing Address		Mailing Address				1		1
HERBERT W LEONHARDT SR 706 BAYWAY BOULEVARD CLEARWATER FL 34630-2609 US		HERBER W LEONHARDT SR 706 BAYWAY BOULEVARD CLEARWATER FL 34630-2609 US		L	Date Incorporated or Qualified     07/17/1984     FEI Number	Applied For		
						NOT APPLICABLE	Not Applicat	ole
21	lace of Business	2a. Mailing Address 26				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be		
City & State		City & State			7. Is this nonprofit corporation a homeowne	Added to Fees		
23		28		1	Yes No			
Zìp	Country	Zip	Countr	/		8. This corporation owes or has paid the cu		
24	25		30			Personal Property Tax due June 30,	Yes No	
	9. Name and Address of Current	Registered Agent	81	Name		Name and Address of New Registered	Agent	ᅱ
LEONHARDT, HERBERT W SR			82			(P.O. Box Number is Not Acceptable)		
706 BAYWAY BLVD			83					$\dashv$
CLEARV	VATER FL 33515			<u> </u>				
			84	,		FL	85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								i q
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE)	Registered Ac	ant elegature	a roguland sul	hen reinstating) DATE		_
12.	OFFICERS AND		13.	ark arginatore	e ledaled in	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	$\dashv$
TITLE	PD	DELETE	1.1 TITLE				Change Addition	on
NAME	LEONHARDT, HERBERT W.S.		1.2 NAME					
STREET ADDRESS	706 BAYWAY BLVD		1.3 STREET	ADDRESS	1			Ì
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY - S	T-ZIP	<u> </u>			
TITLE	STD	DELETE	2.1 TITLE				L Change L Addition	on
NAME	LEONHARDT, EVELYN W.		2.2 NAME					l
STREET ADDRESS	706 BAYWAY BLVD		2.3 STREET					
CITY-ST-ZIP	CLEARWATER FL	The state of	2. 4 CITY-	ST-ZIP			<u> </u>	
TITLE	D	DELETE	3,1 TITLE				☐ Change ☐ Addition	un
NAME	LEONHARDT, TRACIE JEAN		3.2 NAME					
STREET ADDRESS	706 BAYWAY BLVD CLEARWATER FL		3.3 STREET		1			
CITY-ST-ZIP TITLE	VP	DELETE	3,4, CITY-	SI - ZIP			Change   Addition	
NAME	LEONHARDT, HERBERT W., J	beerig	4.1 MAME				E Shange E stading	"
STREET ADDRESS	706 BAYWAY BLVD		4.3 STREET	'ADDRESS	Ì			
CITY-ST-ZIP	CLEARWATER FL		4,4 CITY-S					
TITLE	van difficult t	DELETE	5.1 TITLE	II-LIF			☐ Change ☐ Addition	on
NAME		_	5.2 NAME				-	
STREET ADDRESS			5,3 STREET	ADDRESS				
CITY-ST-ZIP			5,4 CITY-S					- 1
TITLE		DELETE	6.1 TITLE				☐ Change ☐ Addition	០១
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS :	1			

14. Thereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LLRU ANTHURY FOURED

1-21-98

813-442 4923