


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90124 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N04210					
1. Corporation Name BEL CREST CONDOMINIUM, INC.					
Principal Place of Business HERBERT W LEONHARDT SR 706 BAYWAY BOULEVARD CLEARWATER FL 34630-2609 US			Mailing Address HERBER W LEONHARDT SR 706 BAYWAY BOULEVARD CLEARWATER FL 34630-2609 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/17/1984	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number NOT APPLICABLE	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LEONHARDT, HERBERT W SR 706 BAYWAY BLVD CLEARWATER FL 33515			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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. SIGNATURE <i>Herbert W. Leonhardt Sr.</i> DATE 2-4-99 <small>Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONHARDT, HERBERT W.S.		1.2 NAME		
STREET ADDRESS	706 BAYWAY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONHARDT, EVELYN W.		2.2 NAME		
STREET ADDRESS	706 BAYWAY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONHARDT, TRACIE JEAN		3.2 NAME		
STREET ADDRESS	706 BAYWAY BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONHARDT, HERBERT W., J		4.2 NAME		
STREET ADDRESS	706 BAYWAY BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Herbert W. Leonhardt Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-99 727-442-4923

CR2E037 (11/98)