## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000135

FILED Aug 15, 2006 Secretary of State

Entity Name: THE BELMONT AT ST. LUCIE WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4434 NORTH BAY RD. 103 SW PEACOCK BLVD MIAMI BEACH, FL 33140 PORT ST. LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

4434 NORTH BAY RD.
MIAMI BEACH, FL 33140

103 SW PEACOCK BLVD
PORT ST. LUCIE, FL 34986

FEI Number: 20-2328873 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:

GREENSPOON, MARDER, HIRSCHFELD, RAFKIN, RO SS & BERGER, P.A.

ATLANTIC & PACIFIC MANAGEMENT 800 PALM TRAIL

100 WEST CYPRESS CREEK RD., STE. 700 SUITE #2

FT. LAUDERDALE, FL 33309 US DELRAY BEACH, FL 33458 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: THOMAS SMITH 08/15/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete Title: PRES (X) Change ( ) Addition Name: APPEL, BARRY Name: CURTIS, PAMELA Address: 4434 NORTH BAY RD. Address: 103 SW PEACOCK BLVD

City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VSD ( ) Delete Title: SEC (X) Change ( ) Addition Name: BERKOWITZ, ABBEY Name: SMITH, ANN

Name: BERKOWITZ, ABBEY Name: SMITH, ANN
Address: 4434 NORTH BAY RD. Address: 103 SW PEACOCK BLVD

City-St-Zip: MIAMI BEACH, FL 33140 Address: 103 SW PEACOCK BLVD City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D ( ) Delete Title: TRES (X) Change ( ) Addition

 Name:
 BOAZIZ, MOTI
 Name:
 MORELLO, JOE

 Address:
 4434 NORTH BAY RD.
 Address:
 103 SW PEACOCK BLVD

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:
 PORT ST. LUCIE, FL 34986

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: THOMAS SMITH AGNT 08/15/2006