2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000821

FILED Feb 23, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 103 SW PEACOCK BLVD PORT ST. LUCIE, FL 34986 **Current Mailing Address: New Mailing Address:** 103 SW PEACOCK BLVD PORT ST. LUCIE, FL 34986 FEI Number: 20-2328944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ATLANTIC & PACIFIC MANAGEMENT GLICKMAN, LARRY Z ESQ. 800 PALM TRAIL 1850 SW FOUNTAINVIEW BLVD SUITE 2 SUITE 207 DELRAY BEACH, FL 33483 US PORT SAINT LUCIE, FL 34986 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: LARRY Z. GLICKMAN 02/23/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete () Change () Addition LEVENHERZ, STEVEN Name: Name: 103 SW PEACOCK BLVD Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: Title: Title: () Delete () Change () Addition Name:

SATIN, STEVE Name: Address: 103 SW PEACOCK BLVD Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip:

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

WEISS, MIKE Name: MORELLO, JOSEPH Name: 103 SW PEACOCK BLVD 103 SW PEACOCK BLVD Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34986

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: JOSEPH MORELLO ST 02/23/2009