

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 19, 2009
Secretary of State

DOCUMENT# N05000003791

Entity Name: BELLARIA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3000 S OCEAN BLVD
MANAGEMENT OFFICE
PALM BEACH, FL 33480**New Principal Place of Business:****Current Mailing Address:**3000 S OCEAN BLVD
PALM BEACH, FL 33480**New Mailing Address:**3000 S OCEAN BLVD
MANAGEMENT OFFICE
PALM BEACH, FL 33480**FEI Number:** 20-4709111**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAX, SPENCER
301 YAMATO ROAD
SUITE 4150
BOCA RATON, FL 33482 US**Name and Address of New Registered Agent:**ASSOCIATED CORPORATE SERVICES, LLC
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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: LOU CAPLAN

03/19/2009

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PRES () Delete
Name: MANDEL, SAM DR
Address: 3000 S OCEAN BLVD # 504
City-St-Zip: PALM BEACH, FL 33480**Title:** VP/S () Delete
Name: JACOBS, STEPHEN
Address: 3000 S OCEAN BLVD # 201
City-St-Zip: PALM BEACH, FL 33480**Title:** VP/T () Delete
Name: CONSTANTINI, DOMONIC
Address: 3000 S OCEAN BLVD # 403
City-St-Zip: PALM BEACH, FL 33480**Title:** VP () Delete
Name: CAPLAN, BERNARD JR
Address: 3000 S OCEAN BLVD # 302
City-St-Zip: PALM BEACH, FL 33480**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: ANDREA N. JONES

AA

03/19/2009

Electronic Signature of Signing Officer or Director_____
Date