

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90038 019 \*\*\*\*61.25

DOCUMENT # N05000004608



1. Entity Name  
**BELLAMARE AT WILLIAMS ISLAND CONDOMINIUM  
ASSOCIATION, INC.**

Principal Place of Business  
**6000 ISLAND BOULEVARD, STE 3200  
AVENTURA, FL 33160**

Mailing Address  
**6000 ISLAND BOULEVARD, STE 3200  
AVENTURA, FL 33160**

40011408



2. Principal Place of Business - No P.O. Box #  
**6000 Island Blvd.**  
Suite, Apt. #, etc.  
**STE# 3200**

3. Mailing Address  
**6000 Island Blvd.**  
Suite, Apt. #, etc.  
**STE# 3200**

01042007 Chg-NP CR2E037 (12/06)

City & State  
**Aventura, Florida**  
Zip  
**33160** Country  
**USA**

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**Aventura, Florida**  
Zip  
**33160** Country  
**USA**

4. FEI Number  
**20-2805899** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**GARCIA, DARGELO**  
**6000 ISLAND BOULEVARD, STE 3200**  
**AVENTURA, FL 33160**

7. Name and Address of New Registered Agent  
Name **SANFORD N. REINHARD**  
Street Address **2875 N. E. 79th ST**  
**SUITE 404**  
City **AVENTURA** FL **33180**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

1-09-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHMAN, HAROLD	
STREET ADDRESS	6000 ISLAND BOULEVARD	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EICHEL, JAY	
STREET ADDRESS	6000 ISLAND BOULEVARD	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEINSTOCK, JACK	
STREET ADDRESS	6000 ISLAND BOULEVARD	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERG, HANK	
STREET ADDRESS	6000 ISLAND BLVD	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	MARCOSENANER, SAMUEL	
STREET ADDRESS	6000 ISLAND BLVD	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eichel, Jay	
STREET ADDRESS	6000 Island Blvd STE 3200	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berg, Hank	
STREET ADDRESS	6000 Island Blvd STE 3200	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berkowitz, Richard	
STREET ADDRESS	6000 Island Blvd STE 3200	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers and directors.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07