

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

03-08-2006 90191 004 ****61.25

DOCUMENT # N05000010167

1. Entity Name
**BELVEDERE COMMERCE CENTER PROPERTY
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**943 CLINT MOORE ROAD
BOCA RATON, FL 33487**

Mailing Address
**943 CLINT MOORE ROAD
BOCA RATON, FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022008

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-4676362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEISE, MARTIN
943 CLINT MOORE ROAD
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**DP
HEISE, MARTIN
943 CLINT MOORE ROAD
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**DVST
BERSON, GERALD
943 CLINT MOORE ROAD
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**D
WOOD, BETTINA
943 CLINT MOORE ROAD
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 registered agent authorized 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 affidavit, or a bill of sale or like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06

Date

561 997 0045

Daytime Phone #