


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N05000010599</b>						<b>FILED</b> <b>07 AUG 24 AM 11:06</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>1. Entity Name</b> <b>BELVEDERE WEST INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.</b>				<b>Principal Place of Business</b> <b>3082 JOG RD.</b> <b>LAKE WORTH, FL 33467</b>			
<b>Mailing Address</b> <b>3082 JOG RD.</b> <b>LAKE WORTH, FL 33467</b>				<b>2. Principal Place of Business - No P.O. Box #</b>			
<b>3. Mailing Address</b>				<b>4. FEI Number</b> <b>20-3647606</b>			
<b>Suite, Apt. #, etc.</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>City &amp; State</b>				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>Zip</b>		<b>Country</b>		<b>City &amp; State</b>		<b>6. Name and Address of Current Registered Agent</b>	
<b>Zip</b>		<b>Country</b>		<b>City &amp; State</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>ROSENTHAL, DAVID</b> <b>C/O PHOENIX MANAGEMENT SERVICES</b> <b>3082 JOG RD.</b> <b>LAKE WORTH, FL 33467</b>				<b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <b>FL</b> <b>Zip Code</b>			
<b>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.</b>							
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____							
<b>Amended AR is \$61.25</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PD</b> <b>LICARI, DIANE</b> <b>990 STINSON WAY, SUITE 213</b> <b>WEST PALM BEACH, FL 33411</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VPD</b> <b>CARUSO, DENNIS</b> <b>990 STINSON WAY, SUITE 201</b> <b>WEST PALM BEACH, FL 33411</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VPD</b> <b>ALBERT, CATHY</b> <b>990 STINSON WAY, SUITE 202</b> <b>WEST PALM BEACH, FL 33411</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PD</b> <b>ALBERT, CATHY</b> <b>990 STINSON WAY, SUITE 202</b> <b>WEST PALM BEACH, FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>STD</b> <b>LYNCH, BRENDAN</b> <b>848 CARAWAY COURT</b> <b>WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>TD</b> <b>KOTSAKIS, ALICE</b> <b>990 STINSON WAY, SUITE 211</b> <b>WEST PALM BEACH, FL 33411</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>FOREMAN, VAUGHN</b> <b>1000 STINSON WAY, SUITE 110</b> <b>WEST PALM BEACH, FL 33411</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>BAYLOR, ROBERT</b> <b>990 STINSON WAY, SUITE 205</b> <b>WEST PALM BEACH, FL 33411</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>200108879982</b> <b>08/31/07--01009--014 **\$61.25</b>		
<b>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 like empowered.</b>							
<b>SIGNATURE</b> _____ <b>8/21/07 (561) 790-1830</b>							
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>							