

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010599

FILED  
May 06, 2010  
Secretary of State

**Entity Name:** BELVEDERE WEST INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

990 STINSON WAY  
214  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

990 STINSON WAY  
214  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 20-3647606      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BELVEDERE WEST INDUSTRIAL PARK  
990 STINSON WAY  
214  
WEST PALM BEACH, FL 33411 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** LICARI, DIANE  
**Address:** 990 STINSON WAY,SUITE 213  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** SEC  
**Name:** SULLIVAN, JEROME  
**Address:** 991 STINSON WAY,SUITE 402  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** TD  
**Name:** KOTSAKIS, ALICE  
**Address:** 990 STINSON WAY,SUITE 211  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** VP  
**Name:** SHARON, FRITZ  
**Address:** 991 STINSON WAY,SUITE405  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** DIR  
**Name:** BAYLOR, ROBERT  
**Address:** 990 STINSON WAY,SUITE 205  
**City-St-Zip:** WEST PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: DIANE LICARI

PRES

05/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date