

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 15, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # N18993 (8)**

1. Corporation Name  
**BEL-AIRE HOMEOWNERS ASSOCIATION OF PALM BEACH COUNTY, INC.**



Principal Place of Business: **16489 S. MILITARY TRAIL DELRAY FL 33484 US**  
Mailing Address: **BOX 7372 DELRAY FL 33484 US**

3. Date Incorporated or Qualified: **01/29/1987**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number <b>65-0084013</b>	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country	30			

9. Name and Address of Current Registered Agent  
**BINKOVITZ, EUGENE  
5220 BODEGA PLACE  
DELRAY FL 33484**

10. Name and Address of New Registered Agent  
81 Name: **TOPKIN, DANIEL**  
82 Street Address (P.O. Box Number is Not Acceptable): **16528 DEL PALACIO CT.**  
83  
84 City: **DELRAY BEACH, FL** 85 Zip Code: **33484**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0507, Florida Statutes.

SIGNATURE: *Daniel Topkin* DATE: **4-8-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	RUDA, JACK	1.2 NAME
STREET ADDRESS	5133 COLUMBO COURT	1.3 STREET ADDRESS
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP
TITLE	VPD	2.1 TITLE
NAME	BURGER, HAROLD	2.2 NAME
STREET ADDRESS	5024 ALENCIA COURT	2.3 STREET ADDRESS
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP
TITLE	TD	3.1 TITLE
NAME	BINKOVITZ, EUGENE	3.2 NAME
STREET ADDRESS	5220 BODEGA	3.3 STREET ADDRESS
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP
TITLE	SO	4.1 TITLE
NAME	EILEN, FREDERICK	4.2 NAME
STREET ADDRESS	5141 COLUMBO COURT	4.3 STREET ADDRESS
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP
TITLE	D	5.1 TITLE
NAME	LADNER, STEPHEN	5.2 NAME
STREET ADDRESS	5148 COLUMBO COURT	5.3 STREET ADDRESS
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE: PD  
1.2 NAME: **Frehm, Hyles**  
1.3 STREET ADDRESS: **16489 DelPalacio ct.**  
1.4 CITY-ST-ZIP: **Delray Bch Fl.**  
2.1 TITLE: VPD  
2.2 NAME: **Roujon, Lorraine**  
2.3 STREET ADDRESS: **5361 Casa Real**  
2.4 CITY-ST-ZIP: **Delray Beh FL**  
3.1 TITLE: TD  
3.2 NAME: **Hoffman, Harvey**  
3.3 STREET ADDRESS: **5156 Columbo Court**  
3.4 CITY-ST-ZIP: **Delray Beach, Fl.**  
4.1 TITLE: S.  
4.2 NAME: **Topkin, Daniel**  
4.3 STREET ADDRESS: **16528 Del Palacio Ct.**  
4.4 CITY-ST-ZIP: **Delray Beach, Fl.**  
5.1 TITLE: D  
5.2 NAME: **kubin, Marty**  
5.3 STREET ADDRESS: **16456 DelPalacio Ct.**  
5.4 CITY-ST-ZIP: **Delray Beach, Fl.**  
6.1 TITLE: **500001781086**  
6.2 NAME: **-04/15/96--01139--008**  
6.3 STREET ADDRESS: **\*\*\*61.25**  
6.4 CITY-ST-ZIP: **4-15-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel Topkin* DANIEL TOPKIN 3/15/96 407-496-3116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)