


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18993 (8)

1. Corporation Name
BEL-AIRE HOMEOWNERS ASSOCIATION OF PALM BEACH CO UNTY, INC.



Principal Place of Business 16489 S. MILITARY TRAIL DELRAY FL 33484 US	Mailing Address BOX 7372 DELRAY FL 33484 US
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3. Date Incorporated or Qualified 01/29/1987	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 65-0084013	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NEWMAN, JACK
 5401 CASA REAL
 DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DIGNOTI, DEAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6180 BODEGA PLACE	CITY-ST-ZIP DELRAY BEACH FL 33484	1.2 NAME	
TITLE	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
NAME VPD	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
STREET ADDRESS ABOLAFIA, SAM		2.1 TITLE	VICE PRESIDENT (VPD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP 6310 CASA REAL		2.2 NAME	EUGENE BINKOVITZ
TITLE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 16496 DEL PALACIO COURT	
NAME TD		2.4 CITY-ST-ZIP DELRAY BEACH, FL 33484	
STREET ADDRESS 6284 BODEGA PLACE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP DELRAY BEACH FL 33484		3.2 NAME	
TITLE	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME SD		3.4 CITY-ST-ZIP	
STREET ADDRESS NEWMAN, JACK		4.1 TITLE	(SD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP 5401 CASA REAL		4.2 NAME	ERNI MAYER
TITLE	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS 5081 ALENCIA COURT	
NAME D		4.4 CITY-ST-ZIP DELRAY BEACH, FL 33484	
STREET ADDRESS BERNS, CARL		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP 6280 BODEGA PLACE		5.2 NAME	(D) TONY FRASCA
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS 5220 CASA REAL DR	
NAME		5.4 CITY-ST-ZIP DELRAY BEACH, FL 33484	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **3/26/98** **541-330-8071**

CR2E037 (10/97)