

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90199 031 ****61.25

0002031

DOCUMENT # N18993

1. Entity Name

BEL-AIRE HOMEOWNERS ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

**16489 S. MILITARY TRAIL
 DELRAY BEACH FL 33484
 US**

**16489 S. MILITARY TRAIL
 DELRAY BEACH FL 33484
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0084013

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPLAN, LOUIS ESQ.
 C/O SACHS, SAX & KLEIN, P.A.
 301 YAMATO ROAD, STE. 4150
 BOCA RATON FL 33431**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **FREHM, MYLES**
 STREET ADDRESS **16489 DEL PALACIO CT.**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE Change Addition
 NAME **P.D MOUIS LAUDICIO**
 STREET ADDRESS **5324 BODEGA PL.**
 CITY-ST-ZIP **DELRAY BEACH, FL. 33484**

TITLE **SD** Delete
 NAME **RUBIN, ROZ**
 STREET ADDRESS **6456 DEL PALACIO CT.**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE Change Addition
 NAME **V.P.D Myles S. Frehm**
 STREET ADDRESS **16489 Del Palacio Ct.**
 CITY-ST-ZIP **DELRAY BEACH, FL. 33484**

TITLE **D** Delete
 NAME **TOMPKIN, DAN**
 STREET ADDRESS **16528 DEL PALACIO CT.**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE Change Addition
 NAME **TD WARD RODRIGUEZ**
 STREET ADDRESS **5716 COLUMBO COURT**
 CITY-ST-ZIP **DELRAY BEACH, FL. 33484**

TITLE **VTD** Delete
 NAME **MAYER, ERNI**
 STREET ADDRESS **5081 ALENCIA CT**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE Change Addition
 NAME **SD FRED DIXSON**
 STREET ADDRESS **6042 ALENCIA CT.**
 CITY-ST-ZIP **DELRAY BEACH, FL. 33484**

TITLE **D** Delete
 NAME **BLOCK, JANE**
 STREET ADDRESS **5349 BODEGA PL**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE Change Addition
 NAME **D ERNI MAYER**
 STREET ADDRESS **5081 ALENCIA Ct.**
 CITY-ST-ZIP **DELRAY BEACH, FL. 33484**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 561-496 6707

Date Daytime Phone #

CFR2037 (9/01)