

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90171 036 ****61.25

DOCUMENT # N18993

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



Principal Place of Business
16489 S. MILITARY TRAIL
DELRAY BEACH, FL 33484 US

Mailing Address
5121 CASA REAL DR
DELRAY BEACH, FL 33484

34000000



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0084013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUDONIO, LOUIS BARRY ZEITLIN 5024 BODEGA PL 5000 ALENCIA COURT DELRAY BEACH, FL 33484
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, CAROL WARD RODORMER 5204 BODEGA PLACE 5116 COLUMBO COURT DELRAY BEACH, FL 33484
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALAS, DONALD S 5310 CASA REAL DR DELRAY BEACH, FL 33484
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWEPENISE, TIFFANY 5356 BODEGA PLACE DELRAY BEACH, FL 33484
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHEER, EMANUEL MARY LAZAR 5200 CASA REAL DR 16424 DEL PALACIO COURT DELRAY BEACH, FL 33484
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Donald S. Salas SD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/04
Date

561 637 1771
Daytime Phone #