


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N18993					
1. Entity Name BEL-AIRE HOMEOWNERS ASSOCIATION OF PALM BEACH COUNTY, INC.					
Principal Place of Business 5121 CASA REAL DR DELRAY BEACH, FL 33484 US			Mailing Address 5121 CASA REAL DR DELRAY BEACH, FL 33484 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0084013	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGORY, GEORGE R 5121 CASA REAL DRIVE DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name <u>SALAS, DONALD E.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5121 CASA REAL DR</u> City <u>DELRAY BEACH</u> FL Zip Code <u>33484</u>		
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 <u>Donald E. Salas</u> DONALD E SALAS <u>6/10/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ENGLE, TODD 5181 COLUMBO CT. DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BOXER, TERRY 5364 BODEGA PL Delray Beach 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINCH, AL 5181 CASA REAL DR. DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200131407832 06/17/08--01018--004 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISCHEL, MICHAEL 5191 CASA REAL DR. DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGORY, GEORGE 5190 CASA REAL DR. DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President KRUSE, MARINA 5349 BODEGA PL Delray Beach 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERBRYCK, MATT 5089 ALENCIA CT. DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MORCIGLIO, NELSON 5220 CASA REAL DR Delray Beach 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additional officers/directors)				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Marina Kruse</u> MARINA KRUSE, Pres. <u>6/10/08</u> <u>561-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06102008 Chg-NP CR2E037 (12/06)