2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2005 08:00 AM DOCUMENT # N34596 **Secretary of State** 1. Entity Name BEL AIRE OFFICE CONDOMINIUM ASSN., INC. Principal Place of Business Mailing Address 2351 W. EAU GALLE BLVD 2351 W. EAU GALLIE BLVD MELBOURNE FL 32935 MELBOURNE FL 32935 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt #, etc. 1st MODRE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2989520 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUTZ, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 2351 W EAU GALLE BLVD SUITE 1 MELBOURNE FL 32935 Zip Code City 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 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD ☐ Change ☐ Addition TITLE ☐ Delete DILE U00000235357 02/18/05-80056-023 **61.**25 BRUTZ, MICHAEL J. NAME 2351 W EAU GALLE BLVD #1 STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-ZIP CUY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CEROW, RICHARD NAME МАМЕ 1801 SARNO RD., SUITE 3 STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE SHOFF, ROBERT M. NAME MAME STREET ADDRESS 1801 SARNO RD., SUITE 2 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE RAME STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET AUDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Deleté TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-71P 12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(f). 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.

hus. MICHAEL J. BRUTZ

SICKATURE AND THE OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED