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FILED  
Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005453 (4)**

1. Corporation Name

**THE BELRAY ANNEX CLUB, INC.**

Principal Place of Business

Mailing Address

**212 COLLINS AVE  
MIAMI BEACH FL 33139**

**PO BOX 191311  
MIAMI BCH FL 33119**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/15/1995**

4. FEI Number

**65-0624055**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



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

7. Is this nonprofit corporation a homeowners association?



Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes No

10. Name and Address of New Registered Agent

**SIBLEY, BLAIR M  
328 MINORCA AVE., 2ND FLOOR  
CORAL GABLES FL 33134**

81 Name

**LISA E. LARDI**

82 Street Address (P.O. Box Number is Not Acceptable)

**800 WEST AVE #746**

83

84 City

**MIAMI BEACH**

FL

**33139**

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

**LISA E. LARDI, SECRETARY**

(NOTE: Registered Agent signature required when reappointing)

**4/8/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD  
LOWANDER, GEORGE  
212 COLLINS AVE  
MIAMI BEACH FL 33139**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**SD  
SIBLEY, BLAIR M  
328 MINORCA AVE., 2ND FLOOR  
CORAL GABLES FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D  
FLEMING, ANNELESE  
101 COLLINS AVE., #28  
MIAMI BEACH FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**PRES. - DIR.  
PAUL C. LARDI  
232 FIFTH ST  
MIAMI BEACH, FL 33139**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**SECRETARY - DIR.  
LISA E. LARDI  
800 WEST AVE #746  
MIAMI BEACH, FL 33139**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

**THOMAS H. PACE-DIR.  
212 COLLINS AVE.  
MIAMI BEACH, FL 33139**

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/98 305-532-7880**

CR2E037 (10/97)