PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000041721 THE BELMONT AT BOYNTON BEACH, INC. Principal Place of Business Mailing Address 7025 BERACASA WAY #107 7025 BERACASA WAY #107 BOCA RATON FL 33433 **BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/07/1998 Applied For 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #. etc. 5- Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing -Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year intangible Country Personal Property Tax. ☐ Yes □No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ELIE BERDUGO CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable)
7035 BERACA SA WAY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 RATON 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. 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 faintifiar with and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE name of registered agent and title if applica (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. SI Change DELETE 1.1 TITLE TITLE BERDUGO, ELIE CR2E034 1.2 NAME NAME 7902 TENNYSON COURT 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2'4 CITY-51-ZP CITY-ST-ZIP Change Addition DELETE TITLE 11 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZIP Change Addition | D DELETE 41777) F 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-57-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE SIBBE TILE 5.2 NAME NAME

14. I hereby certify that the information Sopplied 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 cath; that I am an officer or director of this corporation or that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE REQUIRE

DELETE

4/5/99

56) 395 -6868

Change

☐ Addition

■:::

FILED

May 14, 1999 8:00 am Secretary of State

05-14-1999 90009 004 ***300.00