


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-02-2006 90188 018 *****61.25
 N05000004608
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY 19 AM 8:46

DOCUMENT # N05000004608

1. Entity Name
 BELLAMARE AT WILLIAMS ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 6000 ISLAND BOULEVARD
 AVENTURA, FL 33160

Mailing Address
 6000 ISLAND BOULEVARD
 AVENTURA, FL 33160

40079209



2. Principal Place of Business
 6000 Island Blvd
 Suite, Apt. #, etc.
 #3200

3. Mailing Address
 6000 Island Blvd
 Suite, Apt. #, etc.
 #3200

04272006 Chg-NP CR2E037 (4/06)

City & State
 Aventura FL

City & State
 Aventura FL

Zip
 33160

Country
 USA

Zip
 33160

Country
 USA

4. FEI Number
 20-2805899

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
 24301 WALDEN CENTER DRIVE
 SUITE 300
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name
 Dargelo Garcia

Street Address (P.O. Box Number is Not Acceptable)
 6000 Island Blvd #3200

City
 Aventura FL

Zip Code
 33160

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 Dargelo Garcia DATE 4/28/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE PD	BANKHURST, GREG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 13450 W. SUNRISE BOULEVARD SUITE 420		
CITY-ST-ZIP SUNRISE, FL 33323		
TITLE VD	SORENSEN, STEVEN S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 13450 W. SUNRISE BOULEVARD SUITE 420		
CITY-ST-ZIP SUNRISE, FL 33323		
TITLE STD	TIEBOUT-TOURON, MARCIENNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 24301 WALDEN CENTER DRIVE, SUITE 300		
CITY-ST-ZIP BONITA SPRINGS, FL 34134		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	Harold Richman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6000 Island Blvd		
CITY-ST-ZIP Aventura, FL 33160		
TITLE VD	Jay Eichel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6000 Island Blvd		
CITY-ST-ZIP Aventura, FL 33160		
TITLE SD	Jack Weinstock	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6000 Island Blvd		
CITY-ST-ZIP Aventura, FL 33160		
TITLE TD	Hank Berg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6000 Island Blvd		
CITY-ST-ZIP Aventura, FL 33160		
TITLE NAME	Director at Large	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6000 Island Blvd		
CITY-ST-ZIP Aventura, FL 33160		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Jack Weinstock DATE: 4/28/06 305-749-3240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR