

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90038 019 \*\*\*\*61.25

DOCUMENT # N05000004608



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

Principal Place of Business  
**6000 ISLAND BOULEVARD, STE 3200  
 AVENTURA, FL 33160**

Mailing Address  
**6000 ISLAND BOULEVARD, STE 3200  
 AVENTURA, FL 33160**

40011408



2. Principal Place of Business - No P.O. Box #  
**6000 Island Blvd.**  
 Suite, Apt. #, etc.  
**STE# 3200**

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

01042007 Chg-NP CR2E037 (12/06)

City & State  
**Aventura, Florida**  
 Zip  
**33160**  
 Country  
**USA**

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**Aventura, Florida**  
 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  
**GARCIA, DARGELO**  
**6000 ISLAND BOULEVARD, STE 3200**  
**AVENTURA, FL 33160**

7. Name and Address of New Registered Agent  
 Name **SANFORD N. REINHARD**  
 Street Address **2875 N. E. 79th ST**  
**SUITE 404**  
 City **AVENTURA** FL **33180**

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]* **1-09-07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 NAME STREET ADDRESS CITY- ST- ZIP	PD RICHMAN, HAROLD 6000 ISLAND BOULEVARD AVENTURA, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD EICHEL, JAY 6000 ISLAND BOULEVARD AVENTURA, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD WEINSTOCK, JACK 6000 ISLAND BOULEVARD AVENTURA, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BERG, HANK 6000 ISLAND BLVD AVENTURA, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DAT MARCOSENANER, SAMUEL 6000 ISLAND BLVD AVENTURA, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Eichel, Jay 6000 Island Blvd STE 3200 Aventura, FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President Berg, Hank 6000 Island Blvd STE 3200 Aventura, FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Treasurer Berkowitz, Richard 6000 Island Blvd STE 3200 Aventura, FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: *[Signature]* **1/5/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*San*