

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726959 (0)
1. Corporation Name
BELMONT TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2204 BELMONT TALLAHASSEE FL 32301 **2204 BELMONT TALLAHASSEE FL 32301**

APPROVED AND FILED
95 APR 21 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **07/17/1973** 3a. Date of Last Report **03/28/1994**
4. FEI Number **59-1794931** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KARUGA, FRED
220-1 BELMONT RD.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name **ROBERT GARLAND**
82 Street Address (P.O. Box Number is Not Acceptable) **220-4 BELMONT RD**
83
84 City **TALLAHASSEE** FL 85 Zip Code **32301**

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert Garland* DATE **4/17/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	SDT
NAME	GARLAND, PAT
STREET ADDRESS	220-4 BELMONT RD.
CITY - ST - ZIP	TALLAHASSEE, FL 00000
TITLE	PD
NAME	KARUGA, FRED
STREET ADDRESS	220-1 BELMONT RD.
CITY - ST - ZIP	TALLAHASSEE, FL 00000
TITLE	D
NAME	GARLAND, ROBERT
STREET ADDRESS	220-4 BELMONT RD.
CITY - ST - ZIP	TALLAHASSEE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEWELL, JAMES D.	
1.3 STREET ADDRESS	220-7 BELMONT RD.	
1.4 CITY - ST - ZIP	TALLAHASSEE, FL.	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KARUGA, FRED	
2.3 STREET ADDRESS	220-1 BELMONT RD.	
2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARLAND, ROBERT	
3.3 STREET ADDRESS	220-4 BELMONT RD	
3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *James D. Sewell* DATE **4/15/95** (904) 488-3961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR