

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90058 032 \*\*\*\*61.25

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01062005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 751813</b> 1. Entity Name <b>BELLEAIR OAKS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>RESOURCE PROP MGMT</b> <b>7300 PARK ST</b> <b>SEMINOLE, FL 33777 US</b>			Mailing Address <b>RESOURCE PROP MGMT</b> <b>7300 PARK ST</b> <b>SEMINOLE, FL 33777 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2036504</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RESOURCE PROPERTY MGMT</b> <b>7300 PARK ST</b> <b>SEMINOLE, FL 33777</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIGUTZ, HELEN		NAME		
STREET ADDRESS	2620 BUCKHURST DR		STREET ADDRESS		
CITY-ST-ZIP	BEACHWOOD, OH 44122		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIGUTZ, ROSARIO		NAME		
STREET ADDRESS	1975 W BAY DR 109		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, TOMMY		NAME	Farley, Paul	
STREET ADDRESS	1975 W BAY DR 541		STREET ADDRESS	1975 West Bay Dr # 504	
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP	Largo FL 33770	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIGUTZ, BILLIE		NAME		
STREET ADDRESS	1975 WEST BAY DR #109		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, CATHY		NAME		
STREET ADDRESS	197 SW BAY DR #210		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREIDER, BOB		NAME		
STREET ADDRESS	1975 W BAY DRIVE #403		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 another like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date	Daytime Phone #