

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751813

FILED
Mar 28, 2008
Secretary of State

Entity Name: BELLEAIR OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

RESOURCE PROP MGMT
7300 PARK ST
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

RESOURCE PROP MGMT
7300 PARK ST
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2036504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MGMT
7300 PARK ST
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPIGUTZ, HELEN
Address: 2620 BUCKHURST DR
City-St-Zip: BEACHWOOD, OH 44122

Title: PD () Delete
Name: SPIGUTZ, ROSARIO
Address: 1975 W BAY DR 109
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: LEVANDUSKY, MARYLOU
Address: 1975 WEST BAY DR #201
City-St-Zip: LARGO, FL 33770

Title: SD () Delete
Name: SPIGUTZ, BILLIE
Address: 1975 WEST BAY DRIVE #109
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: STREIDER, BOB
Address: 1975 W BAY DRIVE #403
City-St-Zip: LARGO, FL 33770

Title: VP () Delete
Name: FERGUSON, SCOTT
Address: 1975 WEST BAY DRIVE #305
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSS SPIGUTZ

PD

03/28/2008

Electronic Signature of Signing Officer or Director

_____ Date