


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91281 018 ****61.25

DOCUMENT # 751968
1. Entity Name
BELLEVUE GULF CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: ~~INC~~ 18399 GULF BLVD. INDIAN SHORES FL 33785
Mailing Address: C/O RICHARD C. COMMONS, P.A. 300 S DUNCAN AVE STE 220B CLEARWATER FL 33755

54042833



MOORE CR2E037 (11/03)

2. Principal Place of Business: 18399 Gulf Blvd.
3. Mailing Address: Suite, Apt. #, etc.

City & State: Indian Shores, FL
City & State: [Blank]
Zip: 33785 Country: USA

4. FEI Number: 59-2089698 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROOKS, MICHAEL
105 S. KINGSWAY ROAD
SEFFNER FL 33603

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] FL Zip Code: [Blank]

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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: D NAME: RICHARDSON, BOB STREET ADDRESS: 3981 WOODLAND UNIT # 388 CITY-ST-ZIP: HIGHLAND MI 48356	<input checked="" type="checkbox"/> Delete
TITLE: DT NAME: BROOKS, MARTHA STREET ADDRESS: 1511 ALDERWAY CITY-ST-ZIP: BRANDON FL	<input type="checkbox"/> Delete
TITLE: D S NAME: DOAN, DONNA STREET ADDRESS: 875 JOAN ST CITY-ST-ZIP: DUNEDIN FL	<input type="checkbox"/> Delete
TITLE: DP NAME: BROOKS, MICHAEL STREET ADDRESS: 105 S. KINGSWAY RD CITY-ST-ZIP: SEFFNER FL 33603	<input type="checkbox"/> Delete
TITLE: VR D NAME: LAFUENTE, RUSSELL STREET ADDRESS: 4809 RIVER SHORE DR CITY-ST-ZIP: TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: Marilee Richardson STREET ADDRESS: 3981 Woodland, #388 CITY-ST-ZIP: Highland, MI 48356	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: Frank Perez STREET ADDRESS: 1507 Waterwood Dr. CITY-ST-ZIP: Lutz, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: Donna Doan STREET ADDRESS: 875 Joan St. CITY-ST-ZIP: Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Russell LaFuente STREET ADDRESS: 4809 River Shore Dr. CITY-ST-ZIP: Tampa, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marilee Richardson Date: 4-21-04 Daytime Phone #: (813) 6894511