
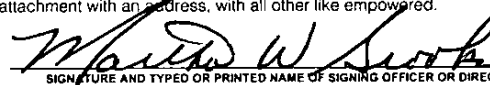


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90034 021 \*\*\*\*61.25

<b>DOCUMENT # 751968</b>					
1. Entity Name BELLEVIEW GULF CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2089698	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROOKS, MICHAEL 105 S. KINGSWAY ROAD SEFFNER, FL 33603			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, MARTHA		NAME	Steven Mc Artor	
STREET ADDRESS	1511 ALDERWAY		STREET ADDRESS	2603 Bush Ct.	
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP	Wesley Chapel, FL 33544	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, LEE		NAME		
STREET ADDRESS	18399 GULF BLVD, # 388		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, MICHAEL		NAME		
STREET ADDRESS	105 S. KINGSWAY RD		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFUENTE, RUSSELL		NAME		
STREET ADDRESS	4809 RIVER SHORE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, FRANK		NAME		
STREET ADDRESS	1507 WATERWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: 		Date: 2-10-06		Daytime Phone #: 813-253-0471	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

60015906



02012006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2089698 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 Make check payable to Florida Department of State

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SIGNATURE:  Date: 2-10-06 Daytime Phone #: 813-253-0471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR