
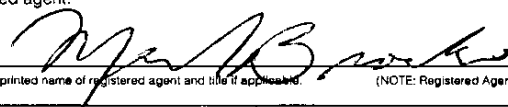
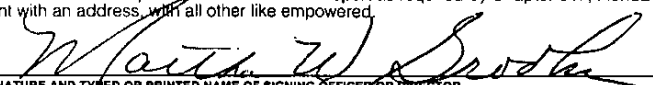


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90031 022 ****61.25

DOCUMENT # 751968			
1. Entity Name BELLEVUE 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
03262008		Chg-NP	
CR2E037 (12/06)		4. FEI Number 59-2089698	
Applied For		Not Applicable	
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 33584		Name Brooks, Michael Street Address (P.O. Box Number is Not Acceptable) 105 S. Kingsway Road City Seffner FL Zip Code 33584	
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 4/8/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	Doan, Donna
STREET ADDRESS	1511 ALDERWAY	STREET ADDRESS	875 Joan St.
CITY-ST-ZIP	BRANDON, FL 33510	CITY-ST-ZIP	Dunedin, FL 34698
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	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, FRANK	NAME	Perez, Frank
STREET ADDRESS	1507 WATERWOOD DR.	STREET ADDRESS	2201 Ponkan Rd
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Land O'Lakes, FL 34637
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTOR, STEVEN	NAME	McArton, Steven
STREET ADDRESS	2603 BUSH CT	STREET ADDRESS	26033 Bush Ct
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	CITY-ST-ZIP	Wesley Chapel, FL 33544
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 4-7-08 Daytime Phone # 813-253-1471	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	