

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769925

FILED
Mar 30, 2006
Secretary of State

Entity Name: BELLE OAKS TOWNHOUSES ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2891038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W. SR 434, STE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: KEEVERS, THOMAS
Address: 10754 SCOTT MILL RD #16
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD () Delete
Name: ZEIS, ROBERT
Address: 10754 SCOTT MILL RD #7
City-St-Zip: JACKSONVILLE, FL 32217

Title: STD () Delete
Name: ALBRITTON, MAX E
Address: 10754 SCOTT MILL RD #10
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: WEISENBURGH, LOU
Address: 10754 SCOTT MILL ROAD #4
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete
Name: BARNES, LOUANNE
Address: 10754 SCOTT MILL RD #14
City-St-Zip: JACKSONVILLE, FL 32273

Title: D (X) Delete
Name: VU, MATTHEW
Address: 10754 SCOTT MILL RD #5
City-St-Zip: JACKSONVILLE, FL 32217

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:

Title: () Change () Addition
Name:
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 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: THOMAS KEEVERS

PD

03/30/2006

Electronic Signature of Signing Officer or Director

Date