

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90039 027 ****61.25

DOCUMENT # 769925	
1. Entity Name BELLE OAKS TOWNHOUSES ASSOCIATION, INC.	

Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044 US	Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03052008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2891038		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W. SR 434., STE 5000 LONGWOOD, FL 32779-5044		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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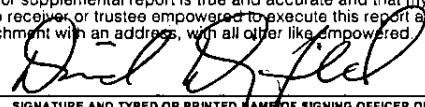
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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, 2008	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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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEEVERS, THOMAS 10754 SCOTT MILL RD #16 JACKSONVILLE, FL 32217 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALLACE, CHUCK 10754 SCOTT MILL RD #8 JACKSONVILLE, FL 32223 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DINGFIELD, DAVE 10754 SCOTT MILL RD #6 JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINGFIELD, DAVE 10754 SCOTT MILL RD #6 JACKSONVILLE, FL 32223 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBRITTON, MAX E 10754 SCOTT MILL RD #10 JACKSONVILLE, FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRITTON, MAX 10754 SCOTT MILL RD #10 JACKSONVILLE, FL 32223 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISENBURGH, LOU 10754 SCOTT MILL ROAD #4 JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COIT, MEREDITH 10754 SCOTT MILL RD #17 JACKSONVILLE, FL 32223 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREDERICKSON, ROXANNE 10754 SCOTT MILL RD #1 JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, NEIL 10754 SCOTT MILL RD #2 JACKSONVILLE, FL 32223 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VU, MATT 1415 1ST ST N #702 JACKSONVILLE BEACH, FL 32250 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **3-19-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #