2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# 769925

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: DINGFIELD, DAVE
Address: 10754 SCOTT MILL RD #6
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) 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: SD ( ) Delete
Name: FREDERICKSON, ROXANNE
Address: 10754 SCOTT MILL RD #1
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: ALBRITTON, MAX E
Address: 10754 SCOTT MILL RD #10
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: FREDRICKSON, ROXANNE
Address: 10754 SCOTT MILL RD #1
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Change (X) Addition
Name: WALLACE, CHUCK
Address: 10754 SCOTT MILL RD #8
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify 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: DAVE DINGFIELD PD 03/09/2009

Electronic Signature of Signing Officer or Director — Date