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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07195** (3)

1. Corporation Name

BEL-AIR BEACH CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
780 ESTERO BLVD. FT. MYERS BEACH FL 33931-2100	780 ESTERO BLVD. FT. MYERS BEACH FL 33931-2100

3. Date Incorporated or Qualified: 01/21/1985

4. FEI Number: 59-2300075 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPECTRUM PROPERTY SVC S.
205 E. JOEL BLVD.
SUITE 201
LERIAN ACRES FL 33972

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☑ Addition
NAME	DONALD MASSUCV		1.2 NAME	SHARON JATOM	
STREET ADDRESS	4265 BAY BCH LANE		1.3 STREET ADDRESS	4481 BAY BEACH LANE #212	
CITY-ST-ZIP	FT MYERS BCH FL		1.4 CITY-ST-ZIP	FT MYERS BEACH- FLORIDA 33931	
TITLE	VP	☐ DELETE	2.1 TITLE	D-	☐ Change ☑ Addition
NAME	JEANETTE MASSVCO		2.2 NAME	WILLIAM SAWYER	
STREET ADDRESS	4265 BAY BCH LANE		2.3 STREET ADDRESS	P.O. BOX 69	
CITY-ST-ZIP	FT MYERS BCH FL		2.4 CITY-ST-ZIP	MILTON VT. 10033	
TITLE	D	☒ DELETE	3.1 TITLE	D-	☐ Change ☑ Addition
NAME	CIARK, THELMA		3.2 NAME	GARY PUCKETT	
STREET ADDRESS	780 ESTERO BLVD.		3.3 STREET ADDRESS	4706 SANTA BARBARA DRIVE	
CITY-ST-ZIP	FT. MYERS BEACH FL		3.4 CITY-ST-ZIP	SEBRING FLORIDA-33872	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LARRY SELLERS		4. 2 NAME		
STREET ADDRESS	283 GARAMON DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHAMBERSBURG PA		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHANNELI, BYRON		5.2 NAME		
STREET ADDRESS	780 ESTERO BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HESSION, JOSEPH		6.2 NAME		
STREET ADDRESS	6658 SCHOONER BAY CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** T Byron Channell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #