

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90150 012 ****61.25

DOCUMENT # N07195

1. Entity Name

BEL-AIR BEACH CLUB ASSOCIATION, INC.

Principal Place of Business

780 ESTERO BLVD.
 FT. MYERS BEACH FL 33931-2100

Mailing Address

780 ESTERO BLVD.
 FT. MYERS BEACH FL 33931-2100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2300075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPS, INC.
 3040 CLEVELAND AVE
 THE LOFT
 FORT MYERS FL 33901

*12065 Metro Pky
 Fort Myers FL 33912*

Name

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

City

*12065 Metro Pky
 Ft Myers*

FL

Zip Code

33912

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-01
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **S CO**
 STREET ADDRESS **MASSUCH, DONALD**
 CITY-ST-ZIP **4265 BAY BCH LANE**
FT MYERS BCH FL - Secretary

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **CHANNELL, DONNA**
 CITY-ST-ZIP **780 ESTERO BLVD.**
FORT MYERS BEACH, FL 33931

TITLE ☐ Delete
 NAME **P CO**
 STREET ADDRESS **MASSUCH, JEANETTE**
 CITY-ST-ZIP **4265 BAY BCH LANE**
FT MYERS BCH FL - President

TITLE ☐ Change ☒ Addition
 NAME **WEEK MATSKO, VICKI**
 STREET ADDRESS **601 WINNY RD**
 CITY-ST-ZIP **MIDDLESBURG PA 17842**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KEOGH, FRANCES**
 CITY-ST-ZIP **2600 ELVA PLACE**
LEHIGH ACRES FL 33971

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SWEETLAND, GENEVERE**
 CITY-ST-ZIP **5457 NINTH AVE**
FORT MYERS FL 33907

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WATTS, RICHARD**
 CITY-ST-ZIP **8450 SLEEPY HOLLOW DRIVE**
WARREN OH 44484

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Donna Channell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01
 Date

Daytime Phone #

CR2E037 (10/00)