

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:19

DOCUMENT # N16162 (2)

1. Corporation Name

BELLE MEADE HOMEOWNERS' ASSOCIATION OF HILLSBORO
UGH COUNTY, INC.

Principal Place of Business Mailing Address
221 LAFAYETTE BLVD. 221 LAFAYETTE BLVD.
C/O SUNSTATE ACCT., P.O. BOX 1191 C/O SUNSTATE ACCT., P.O. BOX 1191
OLDSMAR FL 34677 OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/01/1986	3a. Date of Last Report 03/10/1994
4. FEI Number 59-2709176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent WICKY, JERRY 221 LAFAYETTE BLVD. OLDSMAR FL 34677	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Jerry Wicky/ *Jerry Wicky* DATE 2/21/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTER, MARTIN	1.2 NAME	
STREET ADDRESS	16107 BELLE MEADE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHESON, HOPE	2.2 NAME	
STREET ADDRESS	16105 CARDEN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEN, KEN	3.2 NAME	
STREET ADDRESS	16109 CARDEN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYLE, WIGGS	4.2 NAME	
STREET ADDRESS	16210 BELLE MEADE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, STEVEN	5.2 NAME	
STREET ADDRESS	16141 VANDERBILT DRIVE	5.3 STREET ADDRESS	Director Arlene Newman 16131 Vanderbilt Dr. Odessa, Fl. 33556
CITY-ST-ZIP	ODESSA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SUE	6.2 NAME	Director Zigmund Biernacki 16142 Carden Dr. Odessa, Fl. 33556
STREET ADDRESS	16125 BELLE MEADE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 my address.

SIGNATURE: Marty Luster/ *Marty Luster* DATE 2/21/95 813969-4111 Ext. 26
(Signature and typed or printed name of signing officer or director) (Type) (System Name #)