

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16162 (2)**

1. Corporation Name

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



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

3. Date Incorporated or Qualified: **06/01/1986**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2709176**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LUSTER, MARTIN	
STREET ADDRESS	16107 BELLE MEADE BLVD.	
CITY-ST-ZIP	ODESSA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RICHESON, HOPE	
STREET ADDRESS	16105 GARDEN DRIVE	
CITY-ST-ZIP	ODESSA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOEN, KEN	
STREET ADDRESS	16109 GARDEN DRIVE	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KYLE, WIGGS	
STREET ADDRESS	16210 BELLE MEADE BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, ARLENE	
STREET ADDRESS	16131 VANDERBILT DR	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIENACKI, ZIGMOND	
STREET ADDRESS	16142 GARDEN DR	
CITY-ST-ZIP	ODESSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Sue Brown	
13 STREET ADDRESS	16125 Belle Meade Blvd.	
14 CITY-ST-ZIP	Odessa, FL. 33556	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Zigmond Bienacki	
23 STREET ADDRESS	16142 Garden Dr.	
24 CITY-ST-ZIP	Odessa, FL. 33556	
31 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Hope Richeson	
33 STREET ADDRESS	16105 Garden Dr.	
34 CITY-ST-ZIP	Odessa, FL. 33556	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Rick Campbell	
43 STREET ADDRESS	6208 Inognois Ct.	
44 CITY-ST-ZIP	Odessa, FL. 33556	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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)(k), 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: Susan Brown *Susan Brown* Date: 2-8-96 Daytime Phone #: 813-920-4000

CR2E037 (12/95)