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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

221 LAFAYETTE BLVD.
C/O SUNSTATE ACCT., P.O. BOX 1191
OLDSMAR FL 34677

221 LAFAYETTE BLVD.
C/O SUNSTATE ACCT., P.O. BOX 1191
OLDSMAR FL 34677-3754

3. Date Incorporated or Qualified
08/01/1986

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WICKY, JERRY
221 LAFAYETTE BLVD.
OLDSMAR FL 34677

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SUE	
STREET ADDRESS	16125 BELLE MEADE BLVD	
CITY-ST-ZIP	ODESSA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BIERNACKI, ZIGMOND	
STREET ADDRESS	16142 CARDEN DRIVE	
CITY-ST-ZIP	ODESSA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RICHESON, HOPE	
STREET ADDRESS	16105 CARDEN DRIVE	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, RICK	
STREET ADDRESS	6208 IROQUOIS COURT	
CITY-ST-ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	T.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Beverly Bakalyan	
1.3 STREET ADDRESS	16122 Vanderbilt Dr.	
1.4 CITY-ST-ZIP	Odessa, FL 33556	
2.1 TITLE	V.P.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ken Moen	
2.3 STREET ADDRESS	16109 Carden Dr.	
2.4 CITY-ST-ZIP	Odessa, FL 33556	
3.1 TITLE	P.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steve Wolbarst	
3.3 STREET ADDRESS	16130 Carden Dr.	
3.4 CITY-ST-ZIP	Odessa, FL 33556	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard Williams	
5.3 STREET ADDRESS	16135 Carden Dr.	
5.4 CITY-ST-ZIP	Odessa, FL 33556	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: Beverly Bakalyan /x Beverly Bakalyan 1-15-97 813-920-4338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068494

CR2E037 (9/96)