

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

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>221 LAFAYETTE BLVD.                  C/O SUNSTATE ACCT., P.O. BOX 1191                  OLDSMAR FL 34677</b>	Mailing Address <b>221 LAFAYETTE BLVD.                  C/O SUNSTATE ACCT., P.O. BOX 1191                  OLDSMAR FL 34677</b>
--	--

3. Date Incorporated or Qualified  
**08/01/1986**

4. FEI Number  
**59-2709176**

Applied For	Not Applicable
-------------	----------------

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

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKALYAR, BEVERLY</b>	1.2 NAME	
STREET ADDRESS	<b>16122 VANDERBILT DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOEN, KEN</b>	2.2 NAME	<b>Susan Schofield</b>
STREET ADDRESS	<b>16109 CARDEN DR</b>	2.3 STREET ADDRESS	<b>16146 Carden Dr.</b>
CITY-ST-ZIP	<b>ODESSA FL</b>	2.4 CITY-ST-ZIP	<b>Odessa, FL 33556</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHESON, HOPE</b>	3.2 NAME	<b>Mahesh Chhabra</b>
STREET ADDRESS	<b>16105 CARDEN DRIVE</b>	3.3 STREET ADDRESS	<b>16205 Belle Meade Blvd.</b>
CITY-ST-ZIP	<b>ODESSA FL</b>	3.4 CITY-ST-ZIP	<b>Odessa, FL 33556</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAMPBELL, RICK</b>	4.2 NAME	<b>Steve Wolbanst</b>
STREET ADDRESS	<b>6208 IROQUOIS COURT</b>	4.3 STREET ADDRESS	<b>16130 Carden Dr.</b>
CITY-ST-ZIP	<b>ODESSA FL</b>	4.4 CITY-ST-ZIP	<b>Odessa, FL 33556</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>PO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>16135 BARDEN DR</b>	5.3 STREET ADDRESS	<b>16135 Carden Dr.</b>
CITY-ST-ZIP	<b>ODESSA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Joseph Kenstein</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>16116 Belle Meade Blvd.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Odessa, FL 33556</b>

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: *Susan Schofield* 1-21-98 813-920-7142

CR2E037 (10/97)