


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90056 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16162

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

101768 90056 26

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 08/01/1986	4. FEI Number 59-2709176	Applied For 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		

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				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BAKALYAR, BEVERLY 16122 VANDERBILT DR ODESSA FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	SCHOFIELD, SUSAN 16146 CARDEN DR ODESSA FL 33556	1.2 NAME	
TITLE SD	CHHABRA, MAHESH 16205 BELL MEADE BLVD ODESSA FL 33556	1.3 STREET ADDRESS	
TITLE D	WOLBARST, STEVE 16130 CARDEN DR ODESSA FL 33556	1.4 CITY-ST-ZIP	
TITLE PD	WILLIAMS, RICHARD 16135 CARDEN DR ODESSA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	KERSTEIN, JOSEPH 16116 BELLE MEADE BLVD ODESSA FL 33556	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Susan Schofield* SIGNATURE: *Ronald Tegenkamp* DATE: 1-11-99 DAYTIME PHONE #: 8139207142

CR2E037 (11/98)