

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N16162

Entity Name: BELLE MEADE HOMEOWNERS' ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

10033 NINTH ST N 2ND FLR
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

10033 NINTH ST N 2ND FLR
SAINT PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-2709176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMPART PROPERTIES, INC
10033 NINTH ST NORTH 2ND FLR
SAINT PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HOOVER, PETE
Address: 10033 NINTH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VPD () Delete
Name: BILTHOUSE, BOB
Address: 10033 NINTH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: TD () Delete
Name: HOLDER, JAMES
Address: 10033 NINTH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: SMITH, JACK
Address: 10033 NINTH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: PD () Delete
Name: MYERS, BONNIE
Address: 16108 BELLE MEADE BLVD
City-St-Zip: ODESSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWN, SUE
Address: 10033 NINTH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BILTHOUSE, BOB
Address: 10033 NINTH ST. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB BILTHOUSE

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date