


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90031 007 \*\*\*\*61.25

<b>DOCUMENT # N16162</b>					
1. Entity Name <b>BELLE MEADE HOMEOWNERS' ASSOCIATION OF HILLSBOROUGH COUNTY, INC.</b>					
Principal Place of Business <b>16105 N FLORIDA SUITE A LUTZ, FL 33549</b>			Mailing Address <b>16105 N FLORIDA SUITE A LUTZ, FL 33549</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DUARTE, ANTONIO III 6221 LAND O LAKES BLVD LAND O LAKES, FL 34639</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BROWN, SUE</b>	NAME	<b>Sue A</b>		
STREET ADDRESS	<b>9887 FOURTH STREET NORTH 16105 N. Fla Ave Lutz, Fla 33549</b>	STREET ADDRESS	<b>16105 N. Fla Ave. Suite A Lutz, FL 33549</b>		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33702</b>	CITY-ST-ZIP	<b>Lutz, FL 33549</b>		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>TEGENKAMP, ALISON</b>	NAME	<b>Alison</b>		
STREET ADDRESS	<b>9887 FOURTH STREET NORTH</b>	STREET ADDRESS	<b>16105 N. Fla Ave. Suite A Lutz, FL 33549</b>		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33702</b>	CITY-ST-ZIP	<b>Lutz, FL 33549</b>		
TITLE	T/D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KOWALCZYK, HENRY</b>	NAME	<b>Henry</b>		
STREET ADDRESS	<b>9887 FOURTH STREET NORTH</b>	STREET ADDRESS	<b>16105 N. Fla Ave. Suite A Lutz, FL 33549</b>		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33702</b>	CITY-ST-ZIP	<b>Lutz, FL 33549</b>		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CORR, PHYLLIS</b>	NAME	<b>Phyllis</b>		
STREET ADDRESS	<b>9887 FOURTH STREET NORTH</b>	STREET ADDRESS	<b>16105 N. Fla Ave. Suite A Lutz, FL 33549</b>		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33702</b>	CITY-ST-ZIP	<b>Lutz, FL 33549</b>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CLEAVER, CLINT</b>	NAME	<b>Clint</b>		
STREET ADDRESS	<b>9887 FOURTH STREET NORTH</b>	STREET ADDRESS	<b>16105 N. Fla. Ave Suite A Lutz - Fla 33549</b>		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33702</b>	CITY-ST-ZIP	<b>Lutz - Fla 33549</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FERTIG, PETE</b>	NAME	<b>Pete</b>		
STREET ADDRESS	<b>9887 FOURTH STREET NORTH</b>	STREET ADDRESS	<b>16105 N. Fla. Ave Suite A Lutz - Fla 33549</b>		
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33702</b>	CITY-ST-ZIP	<b>Lutz - Fla 33549</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Susan P. Brown</i>			APR 15 2007		813 968 5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #