

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N16162

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

Current Principal Place of Business:

16105 N FLORIDA SUITE A
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

16105 N FLORIDA SUITE A
LUTZ, FL 33549

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:

DUARTE, ANTONIO III
6221 LAND O LAKES BLVD
LAND O LAKES, FL 34639 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: P/D () Delete
Name: BROWN, SUE
Address: 16105 N FLA AVE SUITE A
City-St-Zip: LUTZ, FL 33549

Title: DVP () Delete
Name: TEGENKAMP, ALISON
Address: 16105 N FLA AVE SUITE A
City-St-Zip: LUTZ, FL 33549

Title: T/D () Delete
Name: KOWALCZYK, HENRY
Address: 9887 FOURTH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: SD () Delete
Name: CORR, PHYLLIS
Address: 16105 N FLA AVE SUITE A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: FERTIG, PETE
Address: 16105 N FLA AVE SUITE A
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/D (X) Change () Addition
Name: HANNA, LOUIS
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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

Title: D (X) Change () Addition
Name: SULLIVAN, JEANNIE
Address: 16105 N FLA AVE SUITE A
City-St-Zip: LUTZ, FL 33549

Title: D () Change (X) Addition
Name: KNIERMAN, JOHN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUE BROWN

Electronic Signature of Signing Officer or Director

PRES

03/08/2009

_____ Date