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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N09845** (1)

1. Corporation Name

**BELLAMY ROAD HOA, INC.**

Principal Place of Business

**4131 GUNN HWY.  
TAMPA FL 33624**

Mailing Address

**4131 GUNN HWY.  
TAMPA FL 33624-4725**



3. Date Incorporated or Qualified  
**06/19/1985**

3a. Date of Last Report  
**06/03/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

4. FEI Number

**59-2950370**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FARRELL, FRANK  
6310 TURTLE CREEK BLVD  
TAMPA FL 33625**

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 *Frank Farrell*  
Signature, typed or printed name of registered agent and title if applicable.

**Frank Farrell, President**

**January 8, 1997**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PTD FARRELL, FRANK E**  
STREET ADDRESS **6310 TURTLE CREEK BLVD.**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ DELETE  
NAME **SD FARRELL, DORCY**  
STREET ADDRESS **6310 TURTLE CREEK BLVD**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ DELETE  
NAME **D GRILLO, TED**  
STREET ADDRESS **6220 TURTLE CREEK**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **Urquhart, Kay**  
CITY-ST-ZIP **6309 Spring Oak Tampa, FL 33625**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **Urquhart, Kay**  
CITY-ST-ZIP **6309 Spring Oak Tampa, FL 33625**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **Urquhart, Kay**  
CITY-ST-ZIP **6309 Spring Oak Tampa, FL 33625**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **Urquhart, Kay**  
4.4 CITY-ST-ZIP **6309 Spring Oak Tampa, FL 33625**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: *Frank Farrell* **Frank Farrell, President** **January 8, 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048672

CR2E037 (9/96)