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Feb 26, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09845

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1985	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2950370	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
30					

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRELL, FRANK E	1.2 NAME	Kay Griffin
STREET ADDRESS	6310 TURTLE CREEK BLVD	1.3 STREET ADDRESS	6309 Spring Oak Ct.
CITY-ST-ZIP	TAMPA FL 33625	1.4 CITY-ST-ZIP	Tampa, FL 33625
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, JEFF	2.2 NAME	Greg Allen
STREET ADDRESS	6310 TURTLE CREEK BLVD	2.3 STREET ADDRESS	6608 Timber Brook Ct.
CITY-ST-ZIP	TAMPA FL 33625	2.4 CITY-ST-ZIP	Tampa, FL 33625
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANG, MARGARET	3.2 NAME	Dorcy Farrell
STREET ADDRESS	6424 TURTLE CREEK BLVD	3.3 STREET ADDRESS	6310 Turtle Creek Blvd.
CITY-ST-ZIP	TAMPA FL 33625	3.4 CITY-ST-ZIP	Tampa, FL 33625
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URDA, LISA	4.2 NAME	Helen Wayman
STREET ADDRESS	6308 TURTLE CREEK BLVD	4.3 STREET ADDRESS	14801 Perriwinkle Court
CITY-ST-ZIP	TAMPA FL 33625	4.4 CITY-ST-ZIP	Tampa, FL 33625
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Laura Paton
STREET ADDRESS		5.3 STREET ADDRESS	6204 Spring Oak Court
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33625
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Frank Farrell* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 **813-220-9251**
Date Daytime Phone #

CR2E037 (1/98)