

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90043 007 ****61.25

DOCUMENT # N09845

1. Entity Name

BELLAMY ROAD HOA, INC.

Principal Place of Business

Mailing Address

**4131 GUNN HWY.
TAMPA FL 33624**

**4131 GUNN HWY.
TAMPA FL 33624**

403641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2950370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **GRIFFIN, JEFF**
STREET ADDRESS **6309 SPRING OAK**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **VPD** ☒ Change ☒ Addition
NAME **HELEN WAYMAN**
STREET ADDRESS **14801 PERRIWINKLE CT.**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **VPD** ☐ Delete
NAME **LANG, MARGARET**
STREET ADDRESS **6424 TURTLE CREEK BLVD**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **PD** ☒ Change ☐ Addition
NAME **LANG, MARGARET**
STREET ADDRESS **6424 TURTLE CREEK BLVD**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **STD** ☒ Delete
NAME **BAKER, CATHERINE**
STREET ADDRESS **6224 TURTLE CREEK BLVD**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☐ Change ☒ Addition
NAME **WILLIAM MCGAIG**
STREET ADDRESS **6312 TURTLE CREEK**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☒ Delete
NAME **GRIFFIN, KAY**
STREET ADDRESS **6309 SPRING OAK CT.**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☐ Change ☒ Addition
NAME **CARL MOESCHING**
STREET ADDRESS **14911 BARBY AVE.**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☐ Delete
NAME **BOMBINO, AMY**
STREET ADDRESS **14913 PELICAN POINT**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **STD** ☒ Change ☐ Addition
NAME **AMY BOMBINO**
STREET ADDRESS **14913 PELICAN POINT**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☒ Addition
NAME **JOHN LANG**
STREET ADDRESS **6424 TURTLE CREEK BLVD**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☐ Change ☒ Addition
NAME **DAVID BROWER**
STREET ADDRESS **14912 PALMCREST AL**
CITY-ST-ZIP **TAMPA FL 33625**

12. 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-02

Date

Daytime Phone #

CR2E037 (9/01)