


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

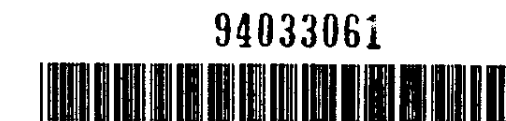
**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90042 040 \*\*\*\*61.25

<b>DOCUMENT # N01000003761</b>	
1. Entity Name <b>BELMERE HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business 5401 S. KIRKMAN RD. 475 ORLANDO, FL 32819	Mailing Address 5401 S. KIRKMAN RD. 475 ORLANDO, FL 32819
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2. Principal Place of Business <i>5401 S. Kirkman Rd</i>	3. Mailing Address <i>5401 S. Kirkman Rd.</i>
Suite, Apt. #, etc. <i>Suite 450</i>	Suite, Apt. #, etc. <i>Suite 450</i>
City & State <i>Orlando, FL</i>	City & State <i>Orl</i>
Zip <i>32819</i>	Country <i>USA</i>



02232004 Chg-NP CR2E037 (10/03)

8. Name and Address of Current Registered Agent <b>SUE, CARPENTER</b> 5401 KIRKMAN ROAD STE 475 450 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Community Management Professionals* *Sherry McMahon*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE *as Agent 3/5/04*

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</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</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAVARETTA, CHARLES F 5200 VINELAND RD STE 200 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DVP</i> <i>Lance Ligon</i> <i>5200 Vineland Rd, Ste 200</i> <i>Orlando, FL 32811</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEITCH, JAMES 5200 VINLAND ROAD, STE 200 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PROULX, CYNTHIA M 5200 VINELAND RD. #200 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Chris Carretto* *3-9-04* *407-529-3000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #