

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90414 039 \*\*\*\*61.25

**DOCUMENT # N01000003761**

1. Entity Name  
**BELMERE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**5401 S. KIRKMAN RD., STE 450  
ORLANDO, FL 32819**

Mailing Address  
**5401 S. KIRKMAN RD., STE 450  
475  
ORLANDO, FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite Apt. #, etc. **450**

City & State

City & State

Zip

Country

Zip

Country

01262006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3722917**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SUE, CARPENTER  
5401 KIRKMAN ROAD  
~~STE 475~~  
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name

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

**Suite 450**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAVARETTA, CHARLES F 5200 VINELAND RD STE 200 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DILGEE, GARY 5200 VINELAND RD., STE 200 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PROULX, CYNTHIA M 5200 VINELAND RD. #200 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SCHUCK, THOMAS 1324 Whitney Isles Drive Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President NAGEL, MARK 11261 RAPPALLO LN WINDERMERE, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCC/Treasurer YOUNG, TOD 11306 VIA ANDIAMO WINDERMERE, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Deaguillera, Edward 11419 Via Andiamo Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mamutes, Paul 11258 Rapallo Lane Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/06**  
Date

**343777091**  
Daytime Phone #