


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90058 047 \*\*\*\*61.25

DOCUMENT # N01000003761					
1. Entity Name <b>BELMERE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5401 S. KIRKMAN RD., STE 450 ORLANDO, FL 32819</b>			Mailing Address <b>5401 S. KIRKMAN RD., STE 450 STE 450 ORLANDO, FL 32819</b>		
2. Principal Place of Business - No P.O. Box # <b>4004 Edgewater Dr</b>		3. Mailing Address <b>4004 Edgewater Dr</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ORLANDO FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-3722917</b>	
Zip <b>32804</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SUE, CARPENTER 5401 KIRKMAN ROAD STE 450 ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent Name <b>Mary Rivera</b> Street Address (P.O. Box Number is Not Acceptable) <b>4004 Edgewater Drive</b> City <b>ORLANDO</b> FL Zip Code <b>32804</b>		
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 <u><i>Mary Rivera</i></u> <span style="float: right;">1/31/2008</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLKK, THOMAS		NAME	HYNES, CHRIS	
STREET ADDRESS	1324 WHITNEY ISLES DR		STREET ADDRESS	11542 UICOLLOCOOP	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAGIEL, MARK		NAME	Salvati, Susan	
STREET ADDRESS	11261 RAPPALLO LN		STREET ADDRESS	11757 Via Lucerna Circle	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, TOD		NAME	Pinkston, Elizabeth	
STREET ADDRESS	11306 VIA ANDIAMO		STREET ADDRESS	11707 Bella Milano Court	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAGUILERA, EDWARD		NAME	Seabrook, Melanie	
STREET ADDRESS	11419 VIA ANDIAMO		STREET ADDRESS	1211 Rappallo Lane	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUTES, PAUL		NAME	montgomery, Richard	
STREET ADDRESS	11258 RAPPALLO LN		STREET ADDRESS	1147 ALGARVE	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Chris Hynes</u> <span style="float: right;">1/31/2008 407 299-9009</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					