

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90156 001 ****61.25

DOCUMENT # N09845

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2950370**

Applied For
Not Applicable

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
GREENACRE PROPERTIES, INC.
Street Address (P.O. Box Number is Not Acceptable)
4131 GUNN HWY

City **TAMPA,** FL Zip Code **33624**

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 **JAMES E. LUALLEN**
Signature, typed or printed name of registered agent and title if applicable.

James E. LualLEN
(NOTE: Registered Agent signature required when reinstating)

1/23/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
NAME **WAYMAN, HELEN**
STREET ADDRESS **14801 PERRIWINKLE CT**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCCAIG, WILLIAM**
STREET ADDRESS **6312 TURTLE CREEK**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MOESCHING, CARL**
STREET ADDRESS **14911 BARBY AVE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **BOMBINO, AMY**
STREET ADDRESS **14913 PELICANPOINT**
CITY-ST-ZIP **TAMPA FL 33625**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Margaret M. LualLEN* **1/23/03** **(727) 227-2173**

CR2E037 (10/02)