

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16162

**Entity Name:** BELLE MEADE HOMEOWNERS' ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

**FILED**  
**Feb 23, 2022**  
**Secretary of State**  
**3884539683CC**

**Current Principal Place of Business:**

14914 WINDING CREEK COURT  
TAMPA, FL 33613

**Current Mailing Address:**

14914 WINDING CREEK COURT  
TAMPA, FL 33613 US

**FEI Number: 59-2709176**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TERRA MANAGEMENT SERVICES, LLC  
14914 WINDING CREEK COURT  
TAMPA, FL 33613 US

*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: DAVID M. FELICE**

**02/23/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BROWN, SUSAN P  
Address        14914 WINDING CREEK COURT  
City-State-Zip: TAMPA FL 33613

Title            SECRETARY  
Name            SCIONTI, MELANIE  
Address        14914 WINDING CREEK COURT  
City-State-Zip: TAMPA FL 33613

Title            VP  
Name            ALTIERI III, ADOLPH JEROME  
Address        14914 WINDING CREEK COURT  
City-State-Zip: TAMPA FL 33613

Title            TREASURER  
Name            KOWALCZYK, HENRY M  
Address        14914 WINDING CREEK COURT  
City-State-Zip: TAMPA FL 33613

Title            DIRECTOR  
Name            SULLIVAN, BILL  
Address        14914 WINDING CREEK COURT  
City-State-Zip: TAMPA FL 33613

Title            DIRECTOR-AT-LARGE  
Name            SCHULMAN, JUSTIN  
Address        14914 WINDING CREEK COURT  
City-State-Zip: TAMPA FL 33613

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SUSAN P. BROWN**

**PRESIDENT**

**02/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date