

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90165 013 ***150.00

DOCUMENT # 208523

1. Entity Name

BELVEDERE APARTMENTS OF CLEARWATER INC



Principal Place of Business

**2155 NE COACHMAN RD
CLEARWATER FL 33765
US**

Mailing Address

**2155 NE COACHMAN RD
CLEARWATER FL 33765
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-0864992**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WANEK PROPERTY MANAGEMENT
2155 NE COACHMAN RD
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name

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

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete
NAME **DPBIN, BART**
STREET ADDRESS **300 N. OSCEOLA AVE, 6-C**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **D** ☒ Delete
NAME **PEENS, HEIDE**
STREET ADDRESS **300 N OSCEOLA AVE 3C**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **TD** ☒ Delete
NAME **HEINEY, MICHAEL**
STREET ADDRESS **300 NORTH OSCEOLA AVENUE 2-D**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **SD** ☒ Delete
NAME **HELLER, HUBERT**
STREET ADDRESS **300 N OSCEOLA AVE 2C**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **PD** ☐ Delete
NAME **COATES, THOMAS**
STREET ADDRESS **300 N. OSCEOLA AVE., #4B**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Change ☒ Addition
NAME **MANSELL, PETER**
STREET ADDRESS **503 CLEVELAND ST.**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **TD** ☐ Change ☒ Addition
NAME **ASAY, BRIAN**
STREET ADDRESS **503 CLEVELAND ST.**
CITY-ST-ZIP **CLEARWATER FL 33755**

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

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

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

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 exemptions contained in Section 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 607, 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: X *Peter Mansell* **PETER MANSELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 FEB 2006 727-445-4338

Date

Daytime Phone #