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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **711660** (1)

1. Corporation Name

BELLEAIR CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**801 PONCE DELEON BLVD
BELLEAIR FL 34616-1034**

**801 PONCE DELEON BLVD
BELLEAIR FL 34616-1034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/20/1986** 3a. Date of Last Report **03/29/1994**
4. FEI Number **59-1153411** Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required
Zip 24	Country 25	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 29	Country 30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WAMSLEY, GWEN
22 N. PINE CIR.
BELLEAIR FL 34616**

81 Name **NANCY BATTAGLIA**
82 Street Address (P.O. Box Number is Not Acceptable) **316 CARL AVE.**
83
84 City **BELLEAIR** FL 85 Zip Code **34616**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Nancy Battaglia DATE **3-28-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	GRIFFITH, MARY 465 PONSETTA RD. BELLEAIR FL	1.1 TITLE P	WAMSLEY, GWEN 22 N. Pine Circle Belleair, FL 34616 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VI	WAMSLEY, GWEN 22 N. PINE CIR. BELLEAIR FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE S	KEIN, K.J. 1001 VARONA ST. BELLEAIR FL	3.1 TITLE S	Alexandra Hemming <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	220 Belleair Blvd, #703
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Belleair, FL 34616
TITLE D	BATTAGLIA, NANCY 316 CARL AVE. BELLEAIR FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	FLYNN, WILLIAM 800 PONCE DE LEON BLVD. BELLEAIR FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	GASTON, KATHY 200 PONCE DE LEON BLVD. BELLEAIR FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Battaglia DATE **3/28/95** TELEPHONE **813-585-8204**
Signature and typed or printed name of signing officer or director