

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 711660 (1)  
1. Corporation Name  
**BELLEAIR CIVIC ASSOCIATION, INC.**



Principal Place of Business: 901 PONCE DELEON BLVD, BELLEAIR FL 34616-1034  
Mailing Address: 901 PONCE DELEON BLVD, BELLEAIR FL 34616-1034

3. Date Incorporated or Qualified: 10/20/1966  
3a. Date of Last Report: 04/21/1985

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1153411	Applied For: <input type="checkbox"/>	Not Applicable: <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BATTAGLIA, NANCY 316 CARL AVENUE BELLEAIR FL 34616</b>		10. Name and Address of New Registered Agent	
81. Name	<b>OWEN C. SCHLAUG, JR.</b>		
82. Street Address (P.O. Box Number is Not Acceptable)	<b>501 POINSETTIA RD</b>		
83.			
84. City	<b>BELLEAIR</b>	FL	85. Zip Code: <b>34616</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Owen C. Schlaug, Jr.* **OWEN C. SCHLAUG, JR.** 2/9/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input checked="" type="checkbox"/> DELETE	<b>WANSLEY, GWEN</b>	1.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>PRESIDENT</b>
NAME: <b>WANSLEY, GWEN</b>	22 N. PINE CIRCLE	1.2 NAME: <b>ALICE TUCKER</b>	403 OSCEOLA ROAD
STREET ADDRESS: <b>BELLEAIR FL</b>	BELLEAIR FL	1.3 STREET ADDRESS: <b>BELLEAIR, FL</b>	34616
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: <input checked="" type="checkbox"/> DELETE	<b>WANSLEY, GWEN</b>	2.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VICE PRESIDENT</b>
NAME: <b>WANSLEY, GWEN</b>	22 N. PINE CIR.	2.2 NAME: <b>MARGOT WOODROUGH</b>	503 POINSETTIA RD
STREET ADDRESS: <b>BELLEAIR FL</b>	BELLEAIR FL	2.3 STREET ADDRESS: <b>BELLEAIR, FL</b>	34616
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	<b>HEMMING, ALEXANDRA</b>	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>DIRECTOR</b>
NAME: <b>HEMMING, ALEXANDRA</b>	220 BELLEVIEW BLVD., #703	3.2 NAME:	
STREET ADDRESS: <b>BELLEAIR FL</b>	BELLEAIR FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: <input checked="" type="checkbox"/> DELETE	<b>BATTAGLIA, NANCY</b>	4.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>TREASURER</b>
NAME: <b>BATTAGLIA, NANCY</b>	316 CARL AVE.	4.2 NAME: <b>OWEN C. SCHLAUG, JR.</b>	501 POINSETTIA RD
STREET ADDRESS: <b>BELLEAIR FL</b>	BELLEAIR FL	4.3 STREET ADDRESS: <b>BELLEAIR, FL</b>	34616
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input checked="" type="checkbox"/> DELETE	<b>FLYNN, WILLIAM</b>	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>SECRETARY</b>
NAME: <b>FLYNN, WILLIAM</b>	809 PONCE DE LEON BLVD.	5.2 NAME: <b>LINDA SPRAGUE</b>	12 SO. PINE CIRCLE
STREET ADDRESS: <b>BELLEAIR FL</b>	BELLEAIR FL	5.3 STREET ADDRESS: <b>BELLEAIR, FL</b>	34616
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	<b>GASTON, KATHY</b>	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>800001746298</b>
NAME: <b>GASTON, KATHY</b>	209 PONCE DE LEON BLVD.	6.2 NAME:	-03/18/96--01025--009
STREET ADDRESS: <b>BELLEAIR FL</b>	BELLEAIR FL	6.3 STREET ADDRESS:	***61.25
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: *Owen C. Schlaug, Jr.* **OWEN C. SCHLAUG, JR.** 2/9/96 813/559-9706  
(NOTE: Registered Agent signature required when reinstating)

CR2E037 (12/95)

PS 3/18/96