

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90045 041 ****61.25

DOCUMENT # 711660

1. Entity Name
BELLEAIR CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
901 PONCE DELEON BLVD **901 PONCE DELEON BLVD**
BELLEAIR FL 33756-1034 **BELLEAIR FL 33756**



DO NOT WRITE IN THIS SPACE

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 Applied For
59-1153411 Not Applicable

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

6. Name and Address of Current Registered Agent

delete

CATALANO, JOHN
2401 W. BAY DRIVE
LARGO FL 33770

7. Name and Address of New Registered Agent

Name **MORTON, SHERRIE**

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

City **BELLEAIR** FL Zip Code **33756**

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.

SIGNATURE *Sherrie Morton* DATE **1/28/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P <i>delete</i>
NAME	MORTON, SHERRIE
STREET ADDRESS	410 POINSETTIA ROAD
CITY-ST-ZIP	BELLEAIR FL 33756
TITLE	VP <i>delete</i>
NAME	BATTERY, CAY
STREET ADDRESS	103 OSCEOLA ROAD
CITY-ST-ZIP	BELLEAIR FL 33756
TITLE	D <i>delete</i>
NAME	WILL ROEPER
STREET ADDRESS	221 PONCE DE LEON BLVD.
CITY-ST-ZIP	BELLEAIR FL
TITLE	T <i>delete</i>
NAME	CATALANO, JOHN
STREET ADDRESS	2401 W. BAY DRIVE
CITY-ST-ZIP	LARGO FL 33770
TITLE	D <i>delete</i>
NAME	MUDANO, CONNIE
STREET ADDRESS	504 POINSETTIA RD.
CITY-ST-ZIP	BELLEAIR FL 33756
TITLE	D <i>delete</i>
NAME	SNIBBE, ELLEN
STREET ADDRESS	57 PELICAN PLACE
CITY-ST-ZIP	BELLEAIR FL 33756

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <i>Change</i>	<input type="checkbox"/> Addition
NAME	BATTERY, CAY	
STREET ADDRESS	1706 CYPRESS	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	VP <i>Change</i>	<input type="checkbox"/> Addition
NAME	MORTON, SHERRIE	
STREET ADDRESS	410 POINSETTIA RD.	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	T <i>Addition</i>	<input type="checkbox"/> Change
NAME	SNIBBE, ROBERT	
STREET ADDRESS	57 PELICAN PLACE	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	D <i>Change</i>	<input type="checkbox"/> Addition
NAME	CATALANO, JOHN	
STREET ADDRESS	2401 W BAY DR	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sherrie Morton* DATE: **1/28/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)