


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90045 049 \*\*\*\*61.25

<b>DOCUMENT # 711660</b>					
1. Entity Name BELLEAIR CIVIC ASSOCIATION, INC.					
Principal Place of Business 901 PONCE DELEON BLVD BELLEAIR, FL 33756-1034			Mailing Address 901 PONCE DELEON BLVD BELLEAIR, FL 33756-1034		
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 59-1153411	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>MORTON, SHERRIE 410 POINSETTIA RD BELLEAIR, FL 33756</del>				Name <u>Katherine Springfield</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>1700 Golf View Dr</u>	
				City <u>Belleair</u>	FL
				Zip Code <u>33756</u>	
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 <u>Katherine Springfield Treas.</u>				DATE <u>4/2/05</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	MORTON, SHERRIE		T	Springfield, Katherine	
STREET ADDRESS	410 POINSETTIA ROAD		STREET ADDRESS	1700 Golf View Dr	
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP	Belleair, FL 33756	
VP	SHELLY, TOM		V	White, Donald	
STREET ADDRESS	330 ROEBLING RD N		STREET ADDRESS	15 E VONAIRE CIR	
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP	Belleair, FL 33756	
S	WHITE, DONALD		S	Sonz, Julie	
STREET ADDRESS	15 E VONAIRE CIR		STREET ADDRESS	217 Manatee Rd	
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP	Belleair, FL 33756	
P	RELTSTATT, KARLA		P	Shelly, Tom	
STREET ADDRESS	308 WOODLAWN AVENUE		STREET ADDRESS	330 Roebling Rd N	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	Belleair, FL 33756	
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: <u>Katherine Springfield</u>			Date <u>4/2/05</u> Daytime Phone # <u>727519 1377</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					