

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 711660

FILED
Oct 11, 2006
Secretary of State

Entity Name: BELLEAIR CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

901 PONCE DELEON BLVD
BELLEAIR, FL 337561034

New Principal Place of Business:

Current Mailing Address:

901 PONCE DELEON BLVD
BELLEAIR, FL 337561034

New Mailing Address:

FEI Number: 59-1153411 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPRINGFIELD, KATHERINE
1700 GOLF VIEW DR
BELLEAIR, FL 33753 US

Name and Address of New Registered Agent:

PLATT, MARGARET
308 WOODLAWN AVENUE
BELLEAIR, FL 33756 US

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: MARGARET PLATT

10/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SPRINGFIELD, KATHERINE
Address: 1700 GOLD VIEW DR
City-St-Zip: BELLEAIR, FL 33756

Title: P () Delete
Name: SHELLY, TOM
Address: 330 ROEBLING RD N
City-St-Zip: BELLEAIR, FL 33756

Title: S () Delete
Name: SONZ, JULIE
Address: 217 MANATEE RD
City-St-Zip: BELLEAIR, FL 33756

Title: P () Delete
Name: SHELLY, TOM
Address: 330 ROEBLING RD N
City-St-Zip: BELLEAIR, FL 33756

Title: V () Delete
Name: WHITE, DONALD
Address: 15 EVOHAIR CIRCLE
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: PLATT, MARGARET
Address: 308 WOODLAWN AVENUE
City-St-Zip: BELLEAIR, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET PLATT

T

10/11/2006

Electronic Signature of Signing Officer or Director

Date