

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90055 041 ****61.25



DOCUMENT # 711660

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**

40029384



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1153411

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLATT, MARGARET
 308 WOODLAWN AVENUE
 BELLEAIR, FL 33756**

Name **Patricia Jordan**

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

1730 Opal Lane

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia Jordan
 Signature, typed or printed name of registered agent and title if applicable.

TREASURER
 (NOTE: Registered Agent signature required when reinstating)

2/28/07
 DATE

Filing Fee is \$61.25
 Due by May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PLATT, MARGARET	
STREET ADDRESS	308 WOODLAWN AVENUE	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHELLY, TOM	
STREET ADDRESS	330 ROEBLING RD N	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SONZ, JULIE	
STREET ADDRESS	217 MANATEE RD	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHELLY, TOM	
STREET ADDRESS	330 ROEBLING RD N	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WHITE, DONALD	
STREET ADDRESS	15 EVOHAIR CIRCLE	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Piccarreto	
STREET ADDRESS	502 Althea Road	
CITY-ST-ZIP	Belleair, FL 33756	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephanie Oddo	
STREET ADDRESS	4 South Pine Circle	
CITY-ST-ZIP	Belleair, FL 33756	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Vaters	
STREET ADDRESS	1101 Indian Rock Road	
CITY-ST-ZIP	Belleair, FL 33756	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Jordan	
STREET ADDRESS	1730 Opal Lane	
CITY-ST-ZIP	Belleair, FL 33756	
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 exemptions contained 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 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 officers empowered.

SIGNATURE:

Patricia Jordan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07
 Date

Daytime Phone #