
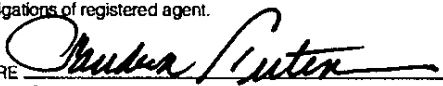
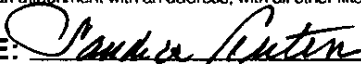


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90228 020 ****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	
2. Principal Place of Business - No P.O. Box #		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	
JORDAN, PATRICIA 1730 OPAL LANE BELLAIR, FL 33756		Name Sandra Tuten Street Address (P.O. Box Number is Not Acceptable) 322 Melenbacher Road Belleair City 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 		Sandra Tuten <i>4-16-08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reconstituting) DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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. DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICCARRETO, KEVIN <input checked="" type="checkbox"/> Delete 502 AITHEA RD. BELLEAIR, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sandy Tuten <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 322 Mehlenbacher Road Belleair, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete ODDO, STEPHANIE 4 SOUTH PINE CIRCLE BELLEAIR, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VACANCY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete VATERS, DEBORAH 1101 INDIAN ROCK RD. BELLEAIR, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dianna Biscoglia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 204 Flamingo Drive Belleair, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete JORDAN, PATRICIA 1730 OPAL LANE BELLEAIR, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sherrie Morton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 410 Poinsettia Road Belleair, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: 		Sandra Tuten <i>4-16-08</i> <i>727-581-7314</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40095956 \$ 61.25



01212008 Chg-NP CR2E037 (12/06)