

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711660

FILED
Apr 26, 2009
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:

901 PONCE DE LEON BLVD
BELLEAIR, FL 337561034

Current Mailing Address:

901 PONCE DELEON BLVD
BELLEAIR, FL 337561034

New Mailing Address:

901 PONCE DE LEON BLVD
BELLEAIR, FL 337561034

FEI Number: 59-1153411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUTEN, SANDRA
322 MELENBACHER RD
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

TUTEN, SANDRA
322 MELENBACHER RD
BELLEAIR, FL 337561034 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: SANDRA TUTEN

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUTEN, SANDY
Address: 322 MEHELENBACHER RD.
City-St-Zip: BELLEAIR, FL 33756

Title: VP () Delete
Name: ODDO, STEPHANIE
Address: 4 SOUTH PINE CIRCLE
City-St-Zip: BELLEAIR, FL 33756

Title: S () Delete
Name: BISCOGLIA, DIANNA
Address: 204 FLAMINGO DRIVE
City-St-Zip: BELLEAIR, FL 33756

Title: T () Delete
Name: MORTON, SHERRIE
Address: 410 POINSETTA RD.
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TUTEN, SANDY
Address: 322 MEHELENBACHER RD.
City-St-Zip: BELLEAIR, FL 337561034

Title: VP (X) Change () Addition
Name: NONE, NONE
Address: 901 PONCE DE LEON BLVD.
City-St-Zip: BELLEAIR, FL 337561034

Title: S (X) Change () Addition
Name: DENEVE, CAROL
Address: 157 COE ROAD
City-St-Zip: BELLEAIR, FL 337561034

Title: T (X) Change () Addition
Name: MORTON, SHERRIE
Address: 410 POINSETTA RD.
City-St-Zip: BELLEAIR, FL 337561034

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA TUTEN

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date