

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

06-09-2003 90110 033 ****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**

55055978



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **59-1153411**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MORTON, SHERRIE
410 POINSETTIA RD
BELLEAIR FL 33756**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	TD	<input type="checkbox"/> Delete
NAME	MORTON, SHERRIE	
STREET ADDRESS	410 POINSETTIA ROAD	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MUDANO, CONNIE	
STREET ADDRESS	504 POINSETTIA RD	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRINKER, MIMS	
STREET ADDRESS	14 EVONAIRE CR E	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPRINGFIELD, KATHERINE	
STREET ADDRESS	1700 GOLF VIEW DR	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRINKER, MIMS	
STREET ADDRESS	14 EVONAIRE CR E	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Platt, Margaret	
STREET ADDRESS	308 Woodlawn Avenue	
CITY-ST-ZIP	Belleair FL 33756	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karla Reetz	
STREET ADDRESS	308 Boehling Rd. N.	
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: Margaret Platt **6/4/03** **727-441-3011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)