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95 MAY -1 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717212 (5)
1. Corporation Name
BEL-AIRE ESTATES MOBILE HOMES ASSOCIATION, INCORPORATED

Principal Place of Business Mailing Address
148 VINDALE AVE FORT PIERCE FL 34951 **148 VINDALE AVE FORT PIERCE FL 34951**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/19/1969** 3a. Date of Last Report **07/12/1994**

4. FEI Number **65-0046559** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**HALL, CHRISTINE
139 VINDALE AVE
BEL AIRE ESTATES
FT. PIERCE FL 34951**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGERSTROM, AL	1.2 NAME	D Seeley, Carl Act.
STREET ADDRESS	148 VINDALE AVE	1.3 STREET ADDRESS	100 Vindale Ave
CITY - ST - ZIP	FORT PIERCE FL	1.4 CITY - ST - ZIP	FT Pierce, FL.
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, HESTER	2.2 NAME	
STREET ADDRESS	5205 DELEON AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CHRISTINE	3.2 NAME	
STREET ADDRESS	139 VINDALE AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLER, AGNES	4.2 NAME	
STREET ADDRESS	179 IMPERIAL WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JERRY	5.2 NAME	
STREET ADDRESS	139 VINDALE AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, ROY	6.2 NAME	D Seeley Carl
STREET ADDRESS	100 LIBERTY WAY	6.3 STREET ADDRESS	100 Vindale Ave 34951
CITY - ST - ZIP	FORT PIERCE FL	6.4 CITY - ST - ZIP	FT Pierce FL. 464-1687 pcc

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfred C. Lagerstrom President 4-21-95 407-464-1687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)