

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717212 (5)
 1. Corporation Name
BEL-AIRE ESTATES MOBILE HOMES ASSOCIATION, INCORPORATED



Principal Place of Business 148 VINDALE AVE FORT PIERCE FL 34951	Mailing Address 148 VINDALE AVE FORT PIERCE FL 34951
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3. Date Incorporated or Qualified 09/19/1969	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 325 PANDORA AVENUE Suite, Apt. #, etc. 22 FT. PIERCE, FLORIDA City & State 23 34951 Zip	2a. Mailing Address 26 100 VINDALE AVE. Suite, Apt. #, etc. 27 FT. PIERCE, FLORIDA City & State 28 34951 Zip	25. ST. LUCIES Country	29. 34951 Zip	30. ST. LUCIE Country
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4. FEI Number 65-0046559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAGERSTROM, AL		1.2 NAME SEELEY, CARL	
STREET ADDRESS 148 VINDALE AVE		1.3 STREET ADDRESS 100 VINDALE AVENUE	
CITY-ST-ZIP FORT PIERCE FL		1.4 CITY-ST-ZIP FORT PIERCE, FL 34951	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KOHLER, AGNES		4.2 NAME HALL, PAULA	
STREET ADDRESS 179 IMPERIAL WAY		4.3 STREET ADDRESS 117 IMPERIAL WAY	
CITY-ST-ZIP FORT PIERCE FL		4.4 CITY-ST-ZIP FORT PIERCE, FL 34951	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SEELEY, CARL		6.2 NAME MAGUIRE, JOAN	
STREET ADDRESS 100 VINDALE AVE		6.3 STREET ADDRESS 149 IMPERIAL WAY	
CITY-ST-ZIP FT PIERCE FL		6.4 CITY-ST-ZIP FORT PIERCE, FL 34951	

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 119.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christine Hall **CHRISTINE HALL** **2-5-96** **464-8421**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)