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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 \$25 PANDORA AVENUE FORT PIERCE FL 34951 US	Mailing Address 100 VINDALE AVENUE FORT PIERCE FL 34951 US
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3. Date Incorporated or Qualified 09/19/1969	
4. FEI Number 65-0046559	Applied For <input checked="" type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 149 IMPERIAL WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 FORT PIERCE, FL
Zip 24	Country 30 US
Country 25	Zip 29 34951

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
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 CHRISTINE C. HALL *Christine C. Hall* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME SEELEY, CARL	
STREET ADDRESS 100 VINDALE AVENUE	
CITY-ST-ZIP FORT PIERCE FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME CARVER, HESTER	
STREET ADDRESS 5205 DELEON AVE	
CITY-ST-ZIP FORT PIERCE FL	
TITLE S	<input type="checkbox"/> DELETE
NAME HALL, CHRISTINE	
STREET ADDRESS 139 VINDALE AVE	
CITY-ST-ZIP FT PIERCE FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME HALL, PAULA	
STREET ADDRESS 117 IMPERIAL WAY	
CITY-ST-ZIP FORT PIERCE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HALL, JERRY	
STREET ADDRESS 139 VINDALE AVE	
CITY-ST-ZIP FORT PIERCE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MAGUIRE, JOAN	
STREET ADDRESS 149 IMPERIAL WAY	
CITY-ST-ZIP FORT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JOAN MAGUIRE	
1.3 STREET ADDRESS 149 IMPERIAL WAY	
1.4 CITY-ST-ZIP FORT PIERCE, FL 34951	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME VEL GUINDON	
4.3 STREET ADDRESS 328 PANDORA AVENUE	
4.4 CITY-ST-ZIP FORT PIERCE, FL 34951	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME JANE COWDELL	
6.3 STREET ADDRESS 318 PANDORA AVENUE	
6.4 CITY-ST-ZIP FORT PIERCE, FL 34951	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: _____

CFR2037 (10/97)