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FILED
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

**325 PANDORA AVENUE
FORT PIERCE FL 34951
US**

Mailing Address

**100 VINDALE AVENUE
FORT PIERCE FL 34951
US**



3. Date Incorporated or Qualified

09/19/1969

4. FEI Number

65-0046559

Applied For

☒ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

149 IMPERIAL WAY

Suite, Apt. #, etc.

27

City & State

28

FORT PIERCE, FL

Zip

34951

29

US

Country

30

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **CHRISTINE C. HALL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **SEELEY, CARL**
STREET ADDRESS **100 VINDALE AVENUE**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **VP** ☐ DELETE

NAME **CARVER, HESTER**
STREET ADDRESS **5205 DELEON AVE**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **S** ☐ DELETE

NAME **HALL, CHRISTINE**
STREET ADDRESS **139 VINDALE AVE**
CITY-ST-ZIP **FT PIERCE FL**

TITLE **T** ☒ DELETE

NAME **HALL, PAULA**
STREET ADDRESS **117 IMPERIAL WAY**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D** ☐ DELETE

NAME **HALL, JERRY**
STREET ADDRESS **139 VINDALE AVE**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D** ☒ DELETE

NAME **MAGUIRE, JOAN**
STREET ADDRESS **149 IMPERIAL WAY**
CITY-ST-ZIP **FORT PIERCE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P ☒ Change ☐ Addition

NAME **JOAN MAGUIRE**
STREET ADDRESS **149 IMPERIAL WAY**
CITY-ST-ZIP **FORT PIERCE, FL 34951**

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Joan Maguire *02/10/98*

CR2E037 (10/97)