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NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 717212

1. Corporation Name
BEL-AIRE ESTATES MOBILE HOMES ASSOCIATION, INCORPORATED

Principal Place of Business
325 PANDORA AVENUE
FORT PIERCE FL 34951
US
Mailing Address
149 IMPERIAL WAY
FORT PIERCE FL 34951
US



2. Principal Place of Business
2a. Mailing Address
3. Date Incorporated or Qualified
09/19/1969
4. FEI Number
65-0046559
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution

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
83
84 City
85 Zip Code
FL

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 1/25/99

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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

14. 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 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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 1/25/99
DAYTIME PHONE # 466-6784

CR2E037 (1/98)