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Secretary of State

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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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/19/1969 4. FEI Number 65-0046559 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	
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 CHRISTINE C. HALL <i>Christine C. Hall</i> DATE 1/25/99 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input type="checkbox"/> DELETE NAME MAGUIRE, JOAN STREET ADDRESS 149 IMPERIAL WAY CITY-ST-ZIP FORT PIERCE FL 34951			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> DELETE NAME CARVER, HESTER STREET ADDRESS 5205 DELEON AVE CITY-ST-ZIP FORT PIERCE FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE S <input type="checkbox"/> DELETE NAME HALL, CHRISTINE STREET ADDRESS 139 VINDALE AVE CITY-ST-ZIP FT PIERCE FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE T <input type="checkbox"/> DELETE NAME GUINDON, VEL STREET ADDRESS 328 PANDORA AVE CITY-ST-ZIP FORT PIERCE FL 34951			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME HALL, JERRY STREET ADDRESS 139 VINDALE AVE CITY-ST-ZIP FORT PIERCE FL			5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME RAY CROSS 5.3 STREET ADDRESS 144 LIBERTY WAY 5.4 CITY-ST-ZIP FORT PIERCE, FL. 34951		
TITLE D <input type="checkbox"/> DELETE NAME COWDELL, JANE STREET ADDRESS 318 PANDORA AVE CITY-ST-ZIP FORT PIERCE FL 34951			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 466-6784
Date Daytime Phone #

CR2E037 (11/98)