


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90031 008 ****61.25

DOCUMENT # 717212

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



Principal Place of Business
**328 PANDORA AVENUE
 FT PIERCE, FL 34951 US**

Mailing Address
**328 PANDORA AVENUE
 FT PIERCE, FL 34951 US**

2. Principal Place of Business
129 Liberty Way

3. Mailing Address
129 Liberty Way

Suite, Apt. #, etc.

City & State
Ft Pierce FL

City & State
Fort Pierce FL

Zip
34951

Country
US



01172004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0046559

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHAW, DIANE E
 199 LIBERTY WAY
 FT. PIERCE, FL 34951**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Diane E. Shaw** *Diane E Shaw* **011904**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, DIANE E 199 LIBERTY WAY FT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NETTLES, ROGER L 548 PALOMAR ST FT PIERCE, FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROAD, ESTHER 125 IMPERIAL WAY FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUINDON, VELMA 328 PANDORA AVE FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS BROAD 125 IMPERIAL WAY FT PIERCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Diane Shaw 199 LIBERTY WAY FT PIERCE, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marianne Natsis 129 LIBERTY WAY FT PIERCE, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY CROSS 144 LIBERTY WAY FT PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARION HAMAM 158 VINDALE AVE FT PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas Broad** *Thomas Broad* **012004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #