

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717212

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** BEL-AIRE ESTATES MOBILE HOMES ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

129 LIBERTY WAY  
FT PIERCE, FL 34951 US

**New Principal Place of Business:**

**Current Mailing Address:**

129 LIBERTY WAY  
FT PIERCE, FL 34951 US

**New Mailing Address:**

**FEI Number:** 65-0046559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROAD, THOMAS  
Address: 125 IMPERIAL WAY  
City-St-Zip: FT PIERCE, FL

Title: DV ( ) Delete  
Name: HAMMAN, MARION  
Address: 158 VINDALE AVE  
City-St-Zip: FT PIERCE, FL 34951

Title: S ( ) Delete  
Name: SHAW, DIANE  
Address: 199 LIBERTY WAY  
City-St-Zip: FORT PIERCE, FL 34951

Title: T ( ) Delete  
Name: NATSIS, MARIANNE  
Address: 129 LIBERTY WAY  
City-St-Zip: FORT PIERCE, FL 34951

Title: D ( ) Delete  
Name: CROSS, RAY  
Address: 144 LIBERTY WAY  
City-St-Zip: FORT PIERCE, FL 34951

Title: D ( ) Delete  
Name: NETTLES, ROGER L  
Address: 548 PALOMAR ST  
City-St-Zip: FORT PIERCE, FL 34951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE E. SHAW

SEC.

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date