

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:

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

Electronic Signature of Signing Officer or Director

SEC.

04/26/2006

Date