


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # 717212

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



Principal Place of Business 129 LIBERTY WAY FT PIERCE, FL 34951 US	Mailing Address 129 LIBERTY WAY FT PIERCE, FL 34951 US
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05152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0046559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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* 05 15 07
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 September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROAD, THOMAS 125 IMPERIAL WAY FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAMMAN, MARION 158 VINDALE AVE FT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAW, DIANE 199 LIBERTY WAY FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NATSIS, MARIANNE 129 LIBERTY WAY FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, RAY 144 LIBERTY WAY FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETTLES, ROGER L 548 PALOMAR ST FORT PIERCE, FL 34951

U00000764835
 05/31/07-80012-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Diane E Shaw* *Diane E. Shaw* 051507 772-464-3981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #