

**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**



05152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

05 15 07

DATE

**Filing Fee is \$81.25
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**

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05/31/07-80012-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 #