

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722014

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: BELMONT COURT, INC.

## Current Principal Place of Business:

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34106

## New Principal Place of Business:

## Current Mailing Address:

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34106 US

## New Mailing Address:

FEI Number: 59-1461906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASSEY, PAUL  
333 HARBOUR DR  
#105  
NAPLES, FL 34103 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: VP ( ) Delete  
Name: GODSHALL, CARL  
Address: 333-206 HARBOUR DR  
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete  
Name: MASSEY, PAUL  
Address: 333 HARBOUR DR # 105  
City-St-Zip: NAPLES, FL 34103

Title: S ( ) Delete  
Name: BRIDWELL, LORRAINE  
Address: 333-102 HARBOUR DR  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: LEONARD, DAVID  
Address: 333-210 HARBOUR DR  
City-St-Zip: NAPLES, FL 34103

Title: D T ( ) Delete  
Name: ROSDAHL, GERALD  
Address: 333 HARBOUR DRIVE, #207  
City-St-Zip: NAPLES, FL 34103

## 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 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: PAUL MASSEY

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date