

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90044 021 ****61.25



DOCUMENT # 722727
1. Entity Name
BEL LAN APARTMENT OWNERS, INC.

| | |
|---|--|
| Principal Place of Business 1610 M GULF DR B-2 SANIBEL, FL 33957 | Mailing Address C/O PROPERTY KEEPERS P.O. BOX 964 SANIBEL, FL 33957 |
|---|--|



| | |
|---|---------------------|
| 2. Principal Place of Business - No P.O. Box # <i>6062 Dinkins LK Rd</i> | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02042008 Chg-NP CR2E037 (12/06)

| | |
|------------------------------------|----------------------|
| City & State <i>Sanibel, FL</i> | City & State |
| Zip <i>33957</i> | Country <i>US</i> |

| | |
|------------------------------------|--|
| 4. FEI Number 59-1459807 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CANTY, DEBRA
6062 DINKINS LK RD
SANIBEL, FL 33957

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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: *[Signature]* *Debra Canty*
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 May 1, 2008**

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

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete WASSERMAN, MARTIN 1610 M GULF DR F8 SANIBEL, FL 33957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete VANDERHEY, ED 1610 MIDDLE GULF DR D-5 SANIBEL, FL 33957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete BARNA, CHRISTINE 1610 MIDDLE GULF DR B-1 SANIBEL, FL 33957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* *John A. Evans* *2/11/08*
Signature and typed or printed name of signing officer or director Date Daytime Phone #