

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 22, 2009
Secretary of State**

DOCUMENT# 722727

Entity Name: BEL LAN APARTMENT OWNERS, INC.

Current Principal Place of Business:6062 DINKINS LK RD.
SANIBEL, FL 33957**New Principal Place of Business:**711 TARPON BAY RD
SANIBEL, FL 33957**Current Mailing Address:**C/O PROPERTY KEEPERS
P.O. BOX 964
SANIBEL, FL 33957**New Mailing Address:**PO BOX 100
SANIBEL, FL 33957

FEI Number: 59-1459807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CANTY, DEBRA
6062 DINKINS LK RD
SANIBEL, FL 33957 US**Name and Address of New Registered Agent:**MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

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: STEVEN MACKESY

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: WASSERMAN, MARTIN
Address: 1610 M GULF DR F8
City-St-Zip: SANIBEL, FL 33957Title: D () Delete
Name: VANDERHEY, ED
Address: 1610 MIDDLE GULF DR D-5
City-St-Zip: SANIBEL, FL 33957Title: PD () Delete
Name: SMITH, MURRAY
Address: 6912 PINE LAKE DRIVE
City-St-Zip: SIOUX FALLS, SD 57110Title: VD () Delete
Name: EVANS, JOHN
Address: 722 BELLINGHAM LANE
City-St-Zip: HARLEYSVILLE, PA 19438Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**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: TD () Change (X) Addition
Name: JOHNSON, WILLIAM
Address: 1610 MIDDLE GULF DR. #A3
City-St-Zip: SANIBEL, FL 33957 USTitle: SD () Change (X) Addition
Name: GORZ, KAREN
Address: 1610 MIDDLE GULF DR. # D3
City-St-Zip: SANIBEL, FL 33957 US

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: MURRAY SMITH

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date