

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2012  
Secretary of State**

DOCUMENT# 722727

Entity Name: BEL LAN APARTMENT OWNERS, INC.

**Current Principal Place of Business:**

C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ISLAND MANAGEMENT  
PO BOX 100  
SANIBEL, FL 33957 US

**New Mailing Address:**

FEI Number: 59-1459807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACKESY, STEVEN  
C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 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: PD  
Name: SMITH, MURRAY  
Address: 6912 PINE LAKE DRIVE  
City-St-Zip: SIOUX FALLS, SD 57110

Title: VD  
Name: OTTO, CHARLES  
Address: 122 WATERSIDE DR  
City-St-Zip: MEDINA, OH 44256

Title: TD  
Name: EVANS, JOHN  
Address: 722 BELLINGHAM LANE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: SD  
Name: KJONAAS, MERLE  
Address: 1610 MIDDLE GULF DR #E2  
City-St-Zip: SANIBEL, IL 33957

Title: D  
Name: WASSERMAN, MARTY  
Address: 1610 MIDDLE GULF DR #F8  
City-St-Zip: SANIBEL, FL 33957

Title: D  
Name: VANDERHEY, ED & BARBARA  
Address: 1610 MIDDLE GULF DRIVE #D5  
City-St-Zip: SANIBEL, FL 33957 US

I hereby 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 all other like empowered.

SIGNATURE: MURRAY SMITH

PD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date