

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726959** (0)
1. Corporation Name
BELMONT TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 220-4 BELMONT TALLAHASSEE FL 32301	Mailing Address 220-4 BELMONT TALLAHASSEE FL 32301-2748
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3. Date Incorporated or Qualified 07/17/1973	3a. Date of Last Report 01/25/1996
4. FEI Number 59-1784931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 220-5 Belmont Road City & State Tallahassee, FL Zip 32301	2a. Mailing Address 26 Suite, Apt. #, etc. 220-5 Belmont Road City & State Tallahassee, FL Zip 32301
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9. Name and Address of Current Registered Agent

**ROBERT GARRLAND
220-4 BELMONT RD
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name Stacy Turbak
82 Street Address (P.O. Box Number is Not Acceptable) 220-5 Belmont Road
83
84 City Tallahassee
85 Zip Code FL 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SDT	<input checked="" type="checkbox"/> DELETE
NAME	SEWELL, JAMES D	
STREET ADDRESS	220-7 BELMONT RD	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KARUGA, FRED	
STREET ADDRESS	220-1 BELMONT RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARLAND, ROBERT	
STREET ADDRESS	220-4 BELMONT RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TP
4.3 STREET ADDRESS	Stacy Turbak
4.4 CITY-ST-ZIP	220-5 Belmont Rd
	Tallahassee FL 32301
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	Richard Mills
5.4 CITY-ST-ZIP	220-9 Belmont Rd
	Tallahassee, FL 32301
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007306

CR2E037 (9/96)