FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

726959

(0)

BELMONT TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address						
220-5 BELMONT TALLAHASSEE	RO	220-5 BELMONT RD. TALLAHASSEE FL 32301				3. Date incorporated or Qualified 07/17/1973
US		US				4. FEI Number Applied For
						59-1794931 Not Applicable
2. Principal Place of Business 2a. Mailing Address						CO 75 Additional
21	<u>-</u>	26				5. Certificate of Status Desired Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution Added to Fees
City & State	9	City & State				7. Is this nonprofit corporation a homeowners association?
Zip	Country	28 7in	T 6	untry		Yes No
_ , ·	— · · · · · · · · · · · · · · · · · · ·	Zip	├	unuy	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes You
24	9. Name and Address of Current	Registered Agent	30	Τ		Personal Property Tax due June 30. Yes You 10. Name and Address of New Registered Agent
				81	Name	10. Name and Address of Nov Traggeries Agent
THERM	STACY - MOUTH	ec .		L		Stacy Williams
TURBAK, STACY 220-5 BELMONT RD.				82	Street A	Address (P.O. Box Number is Not Acceptable)
	ASSEE FL 32301			83		
INCLAIR	100EE 1 E 32001			L		
				84	City	FL 85 Zip Code
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 tyllo if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ou rigi	int organization	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T AN	BELETE	1.1 1	ITLE		Change Addition
NAME	TURBAK, STACY	wried Delete	1.2 N	IAME -		> Stacy Williams
STREET ADDRESS	220-5 BELMONT RD				ADDRESS	Strag Colimania
CITY-ST-ZIP	TALLAHASSEE, FL 00000		•		T-ZIP	
TITLE	70	DELETE	2.1 T			Change Addition
NAME	KARUGA, FRED		2.2 N	AME	ĺ	•
STREET ADORESS	220-1 BELMONT RD.		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		2.40	2.4 CITY-ST-ZIP		
TITLE	D DELETE			3.1 TITLE		☐ Change ☐ Addition
NAME	GARLAND, ROBERT		3.2 N	3.2 NAME		
STREET ADDRESS	220-4 BELMONT RD.		3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		3.4. CITY-ST-ZIP		ST-ZIP	
TITLE	PD DELETE		4.1 T	4.1 TITLE		Change Addition
NAME	MILLS, RICHARD		4.21	4. 2 NAME		
STREET ADDRESS	AND A PELALORET DO		4.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 0	HTY-S	IT-ZIP	
TITLE		DELETE	5.1 T	ITLE		☐ Change ☐ Addition
NAME			5.2 N	IAME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP	•
TITLE		DELETE	6.1 T	ITLE		Change Addition
NAME			6.2 N	AME	1	Ì
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP				ity-s	1	
14. I hereby o	ertify that the information supplied with	h this filing does not qualify f	or the ex	emp	tion stated	d 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 Statujes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
	<u> </u>	34 A O O O C				11/25/08
SIGNATURE: They Williams 4/20190						