


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90027 015 ****61.25

DOCUMENT # 730563 1. Entity Name BEL AIRE NORTH HOMEOWNERS, INC.					
Principal Place of Business C/O J.K. GILLILAND 1941 HEWETT LANE MAITLAND, FL 32751			Mailing Address C/O J.K. GILLILAND 1941 HEWETT LANE MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1635339	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILLILAND, JAMES K 1941 HEWETT LANE MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name NORMAN R. LEVINE Street Address (P.O. Box Number is Not Acceptable) 1921 POINSETTA LANE City MAITLAND FL 32751		
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 <u><i>Norman R. Levine</i></u> DATE <u>3/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLILAND, JAMES K 1941 HEWETT LANE MAITLAND, FL 327513546	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUPA, JERRY 1908 HEWETT LN MAITLAND FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BANFIELD, PAUL 1905 BLOSSOM LANE MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GENE DEL MONTE 1933 POINSETTA LANE MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, NORMAN 1921 POINSETTA LANE MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROUGHTON, BARBARA 1929 SOUTH STREET MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRACEY TAIT 1933 POINSETTA LANE MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>Norman R. Levine</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/18/07</u> <u>407.831.4649</u> <small>Date Daytime Phone #</small>		