## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2008 8:00 am Secretary of State

DOCUMENT # 730563  1. Entity Name BEL AIRE NORTH HOMEOWNERS, INC.				0	4-02-2008 9	00031 040 ****61.	25
Principal Plac C/O J.K. GILLI 1941 HEWET MAITLAND, F	ILAND TLANE L 32751	Mailing Address C/O J.K. GILLILAND 1941 HEWETT LANE MAITLAND, FL 32751					
1921 HO INS GTTA LA 1921 Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.	) POINSETTALA pl. #, etc.		hg-NP	CR2E037 (12/06)	
MA IT	LAND FL	MAITLAND F	<u>-</u>	4. FEI Number 59-163533	39	<b> </b>	plied For Applicable
		32751	5 / Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Nome	7. Name and Add	iress of New Re	egistered Agent	
LEVINE, NORMAN R 1921 POINSETTA LANE				Name Street Address (P.O. Box Number is Not Acceptable)			
MAITLAND, FL 32751							
			City			FL Zip Code	9
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remastating)  DATE							
1		(10.2,1030.	orou myant signatura	required when resistantly		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be		ake check payable to da Department of Si	
10.	OFFICERS AND DIREC	9. Election Campaign Trust Fund Contrib CTORS  11	n Financing bution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori	ake check payable to da Department of St RS AND DIRECTORS IN	ate 10
10. ITILE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	9. Election Campaign Trust Fund Contrib CTORS 11 Delete Tr	n Financing pution	\$5.00 May Be Added to Fees  ADDITIONS/CHANG  DO  JOHN A. 041  1940 SOUTH	Flori ES TO OFFICER MONT RLV0	ake check payable to da Department of Si	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PD KRYPA, JERRY 1908 HEWETT LN	9. Election Campaign Trust Fund Contrib  CTORS 11  Delete 11  N  ST  CI  Delete 11  N  ST  CI  N  ST  ST  ST  ST  ST  ST  ST  ST  ST	TILE AME ITTLE AME ITTLE AME ITTLE ADDRESS ITY-SI-ZIP ITTLE AME ITTLE AME ITTLE ITTLE ITTLE AME ITTLE	\$5.00 May Be Added to Fees  ADDITIONS/CHANG  DO  JOHN A. DU II  1940 SOUTH  MAITLAND  PO  JOHN BROUGH  1929 SOUTH	Flori ES TO OFFICEF MONT BLUD FL 3	ake check payable to ida Department of Si as AND DIRECTORS IN Change	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD OFFICERS AND DIRECT PD KRYPA, JERRY 1908 HEWETT LN MAITLAND, FL 32751 VPD DEL MOUTE, GENE 1933 POINSETTA LANE	9. Eiection Campaign Trust Fund Contrib  CTORS  Delete  Tr  NV  ST  CI  Delete  Tr  NV  ST  CI  Delete  Tr  NV  ST  CI  NV  ST  ST  ST  CI  ST  NV  ST  ST  ST  ST  ST  ST  ST  ST  ST  S	TILE AME THEET ADDRESS ITY-ST-ZIP ITLE AME THEET ADDRESS ITY-ST-ZIP ITLE AME THEET ADDRESS ITY-ST-ZIP ITLE AME THEET ADDRESS ITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANG DO JOHN A. 04 I 1940 SOUTH MAITLAND PO JOHN BROUGH 1929 SOUTH MAITLAND	Flori ES TO OFFICEF MONT BLUD FL 3	ake check payable to da Department of Sings AND DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DIRECT PD KRYPA, JERRY 1908 HEWETT LN MAITLAND, FL 32751  VPD DEL MOUTE, GENE 1933 POINSETTA LANE MAITLAND, FL 32751  TD LEVINE, NORMAN 1921 POINSETTA LANE	9. Eiection Campaign Trust Fund Contrib  CTORS  Delete  Tr  No  ST  CI  ST  CI  ST  CI  ST  CI  ST  CI  ST  ST  CI  ST  ST  CI  ST  ST  CI  ST  ST  ST  CI  ST  ST  ST  ST  ST  ST  ST  ST  ST  S	TILE AME TREET ADDRESS ITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANG  TO A. DY II  TO SOUTH  MAITITAN D  TO SOUTH  AND TO SOU	Flori MONT BLUD FL 3 HTON ALVO	ake check payable to da Department of Sings AND DIRECTORS IN Change	10 Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report group termental 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 the corporation of the receiver or trustee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTO

R. LEVINE 3/3/10

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