2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 730563

Entity Name: BEL AIRE NORTH HOMEOWNERS, INC.

Current Principal Place of Business:

1921 POINSETTA LA
MAITLAND, FL 32751

New Principal Place of Business:

1925 BLOSSOM LANE
MAITLAND, FL 32751

Current Mailing Address:

1921 POINSETTA LA
MAITLAND, FL 32751

New Mailing Address:

1925 BLOSSOM LANE
MAITLAND, FL 32751

FEI Number: 59-1635339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, NORMAN R
1921 POINSETTA LANE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

KNOWLES, THADDEUS E
1925 BLOSSOM LANE
MAITLAND, FL 32751 US

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: THADDEUS E. KNOWLES 04/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DUMONT, JOHN A
Address: 1940 S BLVD
City-St-Zip: MAITLAND, FL 32751

Title: VPD ( ) Delete
Name: BROUGHTON, JOHN
Address: 1929 S BLVD
City-St-Zip: MAITLAND, FL 32751

Title: TD ( ) Delete
Name: LEVINE, NORMAN
Address: 1921 POINSETTA LANE
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete
Name: OWEN, MARY
Address: 1516 E BLVD
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LARSON, DOUG
Address: 1539 GLASTONBERRY ROAD
City-St-Zip: MAITLAND, FL 32751

Title: VPD (X) Change ( ) Addition
Name: DUMONT, JOHN
Address: 1940 SOUTH BLVD
City-St-Zip: MAITLAND, FL 32751

Title: TD (X) Change ( ) Addition
Name: KNOWLES, THADDEUS E
Address: 1925 BLOSSOM LANE
City-St-Zip: MAITLAND, FL 32751

Title: SD (X) Change ( ) Addition
Name: PERRY, TAMMY
Address: 1945 SOUTH BLVD.
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THADDEUS E. KNOWLES TD 04/20/2009
Electronic Signature of Signing Officer or Director Date