2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 743482

Entity Name: BELLEAIR FOREST GARDEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11350 66TH ST N
124
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

11350 66TH ST N
124
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-1877060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BABCOCK, ROBERT A
11350 66 ST N
#124
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ELLINGER, MARY-ANN
Address: 1703-B BELLEAIR FOREST DR.
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete
Name: NORLANDER, CHARLOTTE A
Address: 1725-A BELLEAIR FOREST DR
City-St-Zip: BELLEAIRE, FL 33756

Title: ST ( ) Delete
Name: BLACKMON, MARY
Address: 1717B BELLEAIR FOREST DR
City-St-Zip: BELLEAIR, FL 33756

Title: VD ( ) Delete
Name: ROMINE, ROSEMARIE
Address: 1717-A BELLEAIR FOREST DR
City-St-Zip: BELLEAIR, FL 33756

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BARCENAS, NITA
Address: 1728 BELLEAIR FOREST DR.
City-St-Zip: BELLEAIR, FL 33756

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD ( ) Change (X) Addition
Name: CHICLES, PENNY
Address: 1726 BELLEAIR FOREST DR
City-St-Zip: BELLEAIR, FL 33756

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: MARY ANN ELLINGER PD 02/04/2009

Electronic Signature of Signing Officer or Director — Date