

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743482

FILED  
Feb 15, 2012  
Secretary of State

**Entity Name:** BELLEAIR FOREST GARDEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1701 - 1732 BELLEAIR FOREST DR.  
BELLEAIR, FL 33756 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:**

HOLIDAY ISLES PROPERTY MGMT., INC.  
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  
Name: ELLINGER, MARY-ANN  
Address: 1703-B BELLEAIR FOREST DR.  
City-St-Zip: BELLEAIR, FL 33756

Title: D  
Name: REEDMAN, JOHN  
Address: 1722 BELLEAIR FOREST DR  
City-St-Zip: BELLEAIR, FL 33756

Title: SD  
Name: WICKMAN, PATSI  
Address: 1719-A BELLEAIR FOREST DR.  
City-St-Zip: BELLEAIR, FL 33756

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

Title: TD  
Name: MEAGHER, MAUREEN  
Address: 1719-D BELLEAIR FOREST DR  
City-St-Zip: BELLEAIR, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: MARY ANN ELLINGER

PD

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date