

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90108 029 ****61.25

| | | | | | |
|--|----------------------------------|---|--|--|--|
| DOCUMENT # 746229 1. Entity Name BEL-FOREST MANOR CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 11350 66TH ST N. SUITE 124 LARGO, FL 33773 US | | | Mailing Address 11350 66TH ST N. SUITE 124 LARGO, FL 33773 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 59-2045950 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HOLIDAY ISLES 11350 66TH ST N. SUITE 124 LARGO, FL 33773 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OGBURN, TERRY | | NAME | | |
| STREET ADDRESS | 298 QUANE AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPRING HILL, FL 34609 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STENECK, RON | | NAME | SD | |
| STREET ADDRESS | 1750 BELLEAIR FOREST DR A3 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BELLEAIR, FL 33756 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BAKER, ANTHONY | | NAME | | |
| STREET ADDRESS | 1750 BELLEAIR FOREST DR. # | | STREET ADDRESS | | |
| CITY-ST-ZIP | BELLEAIR, FL 33756 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FULLERTON, SAM | | NAME | | |
| STREET ADDRESS | 1750 BELLEAIR FOREST DR C18 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BELLEAIR, FL 33756 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WEINSTEIN, ALVIN | | NAME | PD | |
| STREET ADDRESS | 39 ELVIN ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | THORNHILL, ONT., CANADA, I3t 1w5 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | VD | |
| STREET ADDRESS | | | STREET ADDRESS | Sheehan, Terry | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 1750 Belleair Forest Dr. A-13 | |
| | | | Belleair, FL 33756 | | |
| 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: <i>X Alvin Weinstein Pres</i> | | | 3/2/06 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |
| Alvin Weinstein, President | | | | | |

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