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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748304 (3)

1. Corporation Name
BELLEAIR GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
215 VALENCIA BOULEVARD BELLEAIR BLUFFS FL 34640	215 VALENCIA BOULEVARD BELLEAIR BLUFFS FL 33770-2762

3. Date Incorporated or Qualified: 07/31/1979
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-1876862 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

YOUNGHAUS, AL
215 VALENCIA BOULEVARD
BELLEAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent

81 Name: Therese Augusto
82 Street Address (P.O. Box Number is Not Acceptable): 215 Valencia Blvd 102
83
84 City: Belleair Bluffs FL 85 Zip Code: 33770

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Therese Augusto 2-9-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	JOHNSON, FRANK		1.2 NAME	DEBRA WARD	
STREET ADDRESS	215 VALENCIA BLVD		1.3 STREET ADDRESS	215 Valencia Blvd 305	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		1.4 CITY-ST-ZIP	Belleair Bluffs Fl 33770	
TITLE	SD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LATTIMER, DORIS		2.2 NAME		
STREET ADDRESS	215 VALENCIA BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YOUNGHAUS, AL		3.2 NAME		
STREET ADDRESS	215 VALENCIA BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEBRA WARD		4.2 NAME		
STREET ADDRESS	215 VALENCIA Blvd 305		4.3 STREET ADDRESS		
CITY-ST-ZIP	Belleair Bluffs Fl 33770		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DORA Jo Bywside		5.2 NAME		
STREET ADDRESS	215 Valencia Blvd 310		5.3 STREET ADDRESS		
CITY-ST-ZIP	Belleair Bluffs Fl 33770		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Therese Augusto		6.2 NAME		
STREET ADDRESS	215 Valencia Blvd 102		6.3 STREET ADDRESS		
CITY-ST-ZIP	Belleair Bluffs Fl 33770		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Therese Augusto Therese Augusto 2-9-97 813 5846899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #