

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90030 050 \*\*\*\*61.25

**DOCUMENT # 748304**

1. Entity Name  
**BELLEAIR GARDENS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**215 VALENCIA BLVD  
BELLEAIR BLUFFS, FL 33770**

Mailing Address  
**215 VALENCIA BLVD  
BELLEAIR BLUFFS, FL 33770**

**00000751**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1876862**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNGHAUS, AL  
215 VALENCIA BLVD 302  
LARGO, FL 33770**

Name **Michael J Cote**  
Street Address (P.O. Box Number is Not Acceptable)  
**215 Valencia Blvd #209**  
City **Belleair Bluffs FL** Zip Code **33770**

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

*Al Younghaus*

**1/6/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **P** ☐ Delete  
NAME **HARTMAN, GLEN**  
STREET ADDRESS **215 VALENCIA BLVD #113**  
CITY-ST-ZIP **BELLEAIR BLUFFS, FL 33770**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **COTE, MICHAEL**  
STREET ADDRESS **215 VALENCIA BLVD #209**  
CITY-ST-ZIP **BELLEAIR BLUFFS, FL 33770**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **BOWSHER, ESTHER**  
STREET ADDRESS **215 VALENCIA BLVD #107**  
CITY-ST-ZIP **BELLEAIR BLUFFS, FL 33770**

TITLE ☐ Change ☒ Addition  
NAME **Ricky Bernabe**  
STREET ADDRESS **215 Valencia Blvd #103**  
CITY-ST-ZIP **Belleair Bluffs FL 33770**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Michael Cote* **Michael Cote** **Treasurer**

**1/6/06**

**727-455-1062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #