

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 748304 1. Entity Name BELLEAIR GARDENS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 215 VALENCIA BLVD BELLEAIR BLUFFS, FL 33770	Mailing Address 215 VALENCIA BLVD BELLEAIR BLUFFS, FL 33770
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1876862	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOUNGHAUS, AL 215 VALENCIA BLVD 302 LARGO, FL 33770

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IN THIS SPACE**

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* DATE 1/4/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, GLEN 215 VALENCIA BLVD #113 BELLEAIR BLUFFS, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COTE, MICHAEL 215 VALENCIA BLVD #209 BELLEAIR BLUFFS, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNABE, RICKY 215 VALENCIA BLVD #103 BELLEAIR BLUFFS, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/09/07-80038-005 61.25

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* DATE 1/4/07 727-455-062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Daytime Phone #