

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90008 032 \*\*\*\*61.25

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<b>DOCUMENT # 751968</b> 1. Entity Name <b>BELLEVUE GULF CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>18399 GULF BLVD. INDIAN SHORES, FL 33785</b>			Mailing Address <b>C/O RICHARD C. COMMONS, P.A. 300 S DUNCAN AVE STE 220B CLEARWATER, FL 33755</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2089698</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROOKS, MICHAEL 105 S. KINGSWAY ROAD SEFFNER, FL 33603</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T BROOKS, MARTHA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1511 ALDERWAY		NAME		
STREET ADDRESS	BRANDON, FL 33510		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S RICHARDSON, LEE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	18399 GULF BLVD, # 388		NAME		
STREET ADDRESS	INDIAN SHORES, FL 33785		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P BROOKS, MICHAEL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	105 S. KINGSWAY RD		NAME		
STREET ADDRESS	SEFFNER, FL 33584		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D LAFUENTE, RUSSELL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4809 RIVER SHORE DR		NAME		
STREET ADDRESS	TAMPA, FL 33603		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V PEREZ, FRANK <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1507 WATERWOOD DR.		NAME		
STREET ADDRESS	LUTZ, FL 33549		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D MCARTOR, STEVEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2603 BUSH CT		NAME		
STREET ADDRESS	WESLEY CHAPEL, FL 33544		STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Martha Brooks Treasurer</u> <span style="float: right;">32587</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					