


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90104 037 ****61.25

DOCUMENT # 752043					
1. Entity Name BELLEAIR FOREST CONDOMINIUM, INC.					
Principal Place of Business 1706 BELLEAIR FOREST DR BELLEAIR, FL 34616 US			Mailing Address 7300 PARK ST. SEMINOLE, FL 33777 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2073203	
Zip		Country		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		
THOMAS, DOROTHY 730 PARK ST. N. SEMINOLE, FL 33777			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JASON, RAY		NAME		
STREET ADDRESS	701 POINSETTIA RD. #328		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP		
TITLE	VPD - TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEUCHAN, MARY		NAME		
STREET ADDRESS	1706 BELLEAIR FOREST DR. #152		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP		
TITLE	S - TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRICE, BARBARA		NAME		
STREET ADDRESS	701 POINSETTIA DR 322		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURT, THOMAS		NAME		
STREET ADDRESS	1706 BELLEAIR FOREST DR. #232		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPEAKS, GLORIA		NAME		
STREET ADDRESS	701 POINSETTIA RD. #132		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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>Ray Jason Pres.</i>			Date: <i>3-2-05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

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01062005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2073203 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE: *Ray Jason Pres.* Date: *3-2-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #