

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752043

FILED
Apr 08, 2009
Secretary of State

Entity Name: BELLEAIR FOREST CONDOMINIUM, INC.

Current Principal Place of Business:

1706 BELLEAIR FOREST DR
BELLEAIR, FL 34616 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST.
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2073203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE MANAGMENT INC.
730 PARK ST. N.
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JASON, RAY
Address: 701 POINSETTIA RD. #328
City-St-Zip: BELLEAIR, FL 33756

Title: VP () Delete
Name: SPEAKS, GLORIA
Address: 1706 BELLEAIR FOREST DR.
City-St-Zip: BELLEAIR, FL 33756

Title: STD () Delete
Name: GRICE, BARBARA
Address: 701 POINTSETTIA DR 322
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JASON, RAY
Address: 701 POINSETTIA RD. #328
City-St-Zip: BELLEAIR, FL 33756

Title: VP (X) Change () Addition
Name: GRICE, BARBARA
Address: 1706 BELLEAIR FOREST DR.
City-St-Zip: BELLEAIR, FL 33756

Title: S (X) Change () Addition
Name: TWOMEY, MAUA
Address: 1706 BELLEAIR FOREST DR
City-St-Zip: BELLEAIR, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY JASON

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date