

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 PM 12:02

DOCUMENT # 756592 (2)

1. Corporation Name
BEL-AIRE HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**3030 WINDCHIME CIRCLE
ATTN: ROBERT VEHORN
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1981	3a. Date of Last Report 01/27/1994
4. FEI Number 59-2035030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**VEHORN, ROBERT
3030 WINDCHIME CIRCLE
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHAW, JOYCE
STREET ADDRESS	3019 WINDCHIME CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	ODIN, CASSIE
STREET ADDRESS	3195 TOBAGO CT
CITY-ST-ZIP	APOPKA FL
TITLE	T
NAME	VEHORN, ROBERT
STREET ADDRESS	3030 WINDCHIME CIRCLE
CITY-ST-ZIP	APOPKA FL
TITLE	D
NAME	JOHNSON, JANE
STREET ADDRESS	825 SUWANNEE DR.
CITY-ST-ZIP	APOPKA FL
TITLE	D
NAME	SEYMOUR, ALLISON
STREET ADDRESS	2039 BERMUDA AVE N
CITY-ST-ZIP	APOPKA FL
TITLE	V
NAME	PADYJASEK, LORI
STREET ADDRESS	1000 ST. CROIX AVENUE
CITY-ST-ZIP	APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	32703
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	32703
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	CARDILLO, DAN
4.4 CITY-ST-ZIP	3146 WINDCHIME CIRCLE S. APOPKA, FL 32703
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32703
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	HIGGINS, CHRYSTAL
6.4 CITY-ST-ZIP	3124 ORLEANS WAY S. APOPKA, FL 32703

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Robert Vehorn **ROBERT VEHORN** FEB. 3, 1995 (407) 862-0818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Expiry (Month & Year)