

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756592 (2)**  
 1. Corporation Name  
**BEL-AIRE HILLS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>3030 WINDCHIME CIRCLE ATTN: ROBERT VEHORN APOPKA FL 32703</b>	Mailing Address <b>3030 WINDCHIME CIRCLE ATTN: ROBERT VEHORN APOPKA FL 32703</b>
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3. Date incorporated or Qualified <b>03/03/1981</b>	3a. Date of Last Report <b>02/09/1995</b>
4. FEI Number <b>59-2035030</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SHAW, JOYCE</b>
STREET ADDRESS	<b>3019 WINDCHIME CIRCLE</b>
CITY-ST-ZIP	<b>APOPKA, FL 32703</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ODIN, CASSIE</b>
STREET ADDRESS	<b>3195 TOBAGO CT</b>
CITY-ST-ZIP	<b>APOPKA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>VEHORN, ROBERT</b>
STREET ADDRESS	<b>3030 WINDCHIME CIRCLE</b>
CITY-ST-ZIP	<b>APOPKA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CARDILLO, DAN</b>
STREET ADDRESS	<b>3146 WINDCHIME CIRCLE S</b>
CITY-ST-ZIP	<b>APOPKA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SEYMOUR, ALLISON</b>
STREET ADDRESS	<b>2839 BERMUDA AVE N</b>
CITY-ST-ZIP	<b>APOPKA FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>HIGGINS, CHRYSAL</b>
STREET ADDRESS	<b>3124 ORLEANS WAY SOUTH</b>
CITY-ST-ZIP	<b>APOPKA FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>BETSY METZGER</b>
13 STREET ADDRESS	<b>3161 ORLEANS WAY SOUTH</b>
14 CITY-ST-ZIP	<b>APOPKA, FL 32703</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 N. Vehorn* **ROBERT N. VEHORN** JAN. 22, 1996 (407) 862-0818  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)