


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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>01/29/1996</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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
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	<b>FL</b>
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	<del>METZGER, BETSY</del>
STREET ADDRESS	<del>3101 ORLEANS WAY SOUTH</del>
CITY - ST - ZIP	<del>APOPKA, FL 32703</del>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<del>ODIN, CASSIE</del>
STREET ADDRESS	<del>3185 TOBAGO CT</del>
CITY - ST - ZIP	<del>APOPKA FL</del>
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>3148 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 checked="" type="checkbox"/> DELETE
NAME	<del>HIGGINS, CRYSTAL</del>
STREET ADDRESS	<del>3124 ORLEANS WAY SOUTH</del>
CITY - ST - ZIP	<del>APOPKA FL</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SHAW, JOYCE</b>
1.3 STREET ADDRESS	<b>3019 WINDCHIME CIRCLE</b>
1.4 CITY - ST - ZIP	<b>APOPKA, FL 32703</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DRENNEN, MARK</b>
2.3 STREET ADDRESS	<b>1023 BRANCHWOOD DR</b>
2.4 CITY - ST - ZIP	<b>APOPKA, FL 32703</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>32703</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>32703</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<b>32703</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D. DOROTHY BAUMGARDNER</b>
6.3 STREET ADDRESS	<b>3027 WINDCHIME CIRCLE</b>
6.4 CITY - ST - ZIP	<b>APOPKA, FL 32703</b>

14. I do 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 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. Vehm* JAN 30, 1997 (407) 862-0818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0078806

CR2E037 (9/96)