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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3030 WINDCHIME CIRCLE ATTN: ROBERT VEHORN APOPKA FL 32703	Mailing Address 3030 WINDCHIME CIRCLE ATTN: ROBERT VEHORN APOPKA FL 32703
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3. Date Incorporated or Qualified 03/03/1981	
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	P SHAW, JOYCE 3019 WINDCHIME CIRCLE APOPKA, FL 32703	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P PATRICIA SAJ 1038 BRANCHWOOD DRIVE APOPKA, FL 32703
TITLE <input checked="" type="checkbox"/> DELETE	V DRENNEN, MARK 1023 BRANCHWOOD DR. APOPKA FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V LENNIE SALVO 3039 WINDCHIME CIRCLE N APOPKA, FL 32703
TITLE <input type="checkbox"/> DELETE	T VEHORN, ROBERT 3030 WINDCHIME CIRCLE APOPKA FL	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	D CARDILLO, DAN 3146 WINDCHIME CIRCLE S APOPKA FL	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	D SEYMOUR, ALLISON 2839 BERMUDA AVE N APOPKA FL	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	D BAUMGARDNER, DOROTHY 3027 WINDCHIME CIRCLE APOPKA FL	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	32703
		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	32703
		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	32703
		6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	32703

14. 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 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 addres.

SIGNATURE: ROBERT VEHORN *Robert V. V. V.* 1-23-98 (407)862-0818

CR2E037 (10/97)