

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90073 028 ****61.25

DOCUMENT # 756592.

1. Entity 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2725 Dorado Suite, Apt. #, etc.	3. Mailing Address 2725 Dorado Suite, Apt. #, etc.
City & State Apopka Fla.	City & State Apopka Fla.
Zip 32703	Country Seminole

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

7. Name and Address of New Registered Agent
 Name **Antoinette Frost**
 Street Address (P.O. Box Number is Not Acceptable)
2725 Dorado
 City **Apopka** FL Zip Code **32703**

8. 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 *Neil D. McKenzie* *Neil D. McKenzie* *April 24-2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, BRUCE 3191 TOBAGO COURT APOPKA FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLIPS, LUCY 1030 BRANCHWOOD DR APOPKA FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VEHORN, ROBERT 3030 WINDCHIME CIRCLE APOPKA FL 32703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDILLO, DAN 3146 WINDCHIME CIRCLE S APOPKA FL 32703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, ALLISON 2839 BERMUDA AVE N APOPKA FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMGARDNER, DOROTHY 3027 WINDCHIME CIRCLE APOPKA FL 32703 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Antoinette Frost 2725 Dorado Ct Apopka Fla. 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Bruce Adams 3191 Tobago Ct. Apopka Fla. 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Neil McKenzie 2818 Bermuda Aven Apopka Fla. 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Carla Love 3100 Orleans Way Apopka Fla 32703 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Neil D. McKenzie* *Neil D. McKenzie* *4-24-01* *407-890-0900*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)