

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90170 037 \*\*\*\*61.25

**DOCUMENT # 756592**

1. Entity Name

**BEL-AIRE HILLS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

2725 DONADO  
 APOPKA FL 32703

Mailing Address

2725 DONADO  
 APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2035030**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FROST, ANTOINETTE**  
 2725 DONADO  
 APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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	<b>P</b> <b>FROST, ANTOINETTE</b> 2725 DONADO APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>F.D.</b> <b>ADAMS, BRUCE</b> 3191 TOBAGO CRT APOPKA FL 32703	<input type="checkbox"/> Delete <i>Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCKENZIE, NEIL</b> 2818 BERMUDA AVE N. APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LOVE, CARLA</b> 3100 ORLEANS WAT WY.S APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEYMOUR, ALLISON</b> 2839 BERMUDA AVE N APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAUMGARDNER, DOROTHY</b> 3027 WINDCHIME CIRCLE APOPKA FL 32703	<input checked="" type="checkbox"/> Delete <i>32703</i> <i>Lucil Phillips</i> <i>Branchedwood (D)</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tina Paine (V)</b> 3105 Orleans WY S. Apopka Fla. 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Frost (D)</b> 2725 Donado Apopka Fla. 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Linda McKenzie (D)</b> 2818 Bermuda Ave N. Apopka Fla. 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Phil &amp; Judy Wilson (D)</b> Orleans WY N. Apopka Fla. 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Wyman Farr (D)</b> 2827 Bermuda Ave N. Apopka Fla. 32703	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kathy Mason (D)</b> Tobago Ct Apopka Fla. 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Roberta Ricks (D)</b> Orleans WY S.	<input type="checkbox"/> Change <input checked="" 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-02

Date

407-920-6849

Daytime Phone #

CR2E037 (9/01)