

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90065 042 ****70.00

DOCUMENT # 756592			
1. Entity Name BEL-AIRE HILLS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2822 BERMUDA AVE. APOPKA FL 32703		Mailing Address 2822 BERMUDA AVE. 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



00000204



2nd MOORE CR2E037 (5/05)

4. FEI Number 59-2035030		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FARR, WYMAN 2822 BERMUDA AVE. N. APOPKA FL 32703		7. Name and Address of New Registered Agent Name Canfield, Carrie Street Address (P.O. Box Number is Not Acceptable) 2822 Bermuda Ave N City Apopka FL Zip Code 32703	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Carrie Canfield D** **08/28/05**
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
 Due By September 7, 2005**

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

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FARR, WYMAN 2822 BERMUDA AVE. N. APOPKA FL 32703 VP <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Canfield, Carrie 2822 Bermuda Ave N Apopka FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SINCLAIR, LARRY 2708 DORADO CT. APOPKA FL 32703 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Baumgardner, Brooke 2843 Bermuda Ave N Apopka FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCKENZIE, NEIL 2818 BERMUDA AVE N. APOPKA FL 32703 SD <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Signil, Belinda 2831 BERMUDA AVE N Apopka FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOVE, CARLA 3100 ORLEANS WYS APOPKA FL 32703 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Kirby, Laura 2835 BERMUDA AVE N Apopka FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEYMOUR, ALLISON 2839 BERMUDA AVE N APOPKA FL 32703 D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Allison, Seymour 2839 BERMUDA AVE N Apopka FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCKENZIE, LINDA 2818 BERMUDA AVE. S. APOPKA FL 32703 <input checked="" type="checkbox"/> Delete	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:  **Seymour Allison** **407-867-4428**