


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90033 013 \*\*\*\*61.25

**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**

00050088



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

08312006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number  
**59-2035030**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CANFIELD, CARRIE  
 2822 BARMUDA AVE N < BERMUDA  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by September 6, 2006**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	CANFIELD, CARRIE	
STREET ADDRESS	2822 BERMUDA AVE N	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	<del>YK</del>	<input type="checkbox"/> Delete
NAME	SINCLAIR, LARRY	
STREET ADDRESS	2708 DORADO CT.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMGARDNER, BROOKE	
STREET ADDRESS	2843 BERMUDA AVE N	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGNIL, BELINDA	
STREET ADDRESS	2831 BERMUDA AVE N	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEYMOUR, ALLISON	
STREET ADDRESS	2835 BERMUDA AVE N	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRBY, LAURA	
STREET ADDRESS	2839 BERMUDA AVE N	
CITY-ST-ZIP	APOPKA, FL 32703	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, LAURA	
STREET ADDRESS	2839 BERMUDA AVE N	<input checked="" type="checkbox"/> Delete
CITY-ST-ZIP	APOPKA FL 32703	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **08/20/06** **407-433-8580**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #