2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756592

FILED Jun 02, 2008 Secretary of State

Entity Name: BEL-AIRE HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2822 BERMUDA AVE N 3063 WINDCHIME CIR E APOPKA, FL 32703 APOPKA, FL 32703

Current Mailing Address: New Mailing Address:

2822 BERMUDA AVE N 3063 WINDCHIME CIR E APOPKA, FL 32703 APOPKA, FL 32703

FEI Number: 59-2035030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CANFIELD, CARRIE

2822 BERMUDA AVE N

APOPKA, FL 32703 US

ERICKSON, DAWN
3063 WINDCHIME CIR E
APOPKA, FL 32703 US

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: DAWN K ERICKSON 06/02/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D/P (X) Change () Addition Name: CANFIELD, CARRIE Name: ERICKSON, DAWN

 Name:
 CANNIELD, CARRIE
 Name:
 ERROGON, DAWN

 Address:
 2822 BERMUDA AVE N
 Address:
 3063 WINDCHIME CIR E

 City-St-Zip:
 APOPKA, FL 32703 US
 City-St-Zip:
 APOPKA, FL 32703 US

Title: T () Delete Title: D/T (X) Change () Addition Name: SINCLAIR, LARRY Name: BADEAU, KIM

 Name:
 SINCLAIR, EARCH

 Address:
 2708 DORADO CT
 Address:
 3196 BARBADOS CT

 City-St-Zip:
 APOPKA, FL 32703 US
 City-St-Zip:
 APOPKA, FL 32703 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D/S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 BAUMGARDNER, BROOKE
 Name:
 PETERSON, JÜDY

 Address:
 2843 BERMUDA AVE N
 Address:
 3161 ORLEANS WAY S

 City-St-Zip:
 APOPKA, FL 32703 US
 City-St-Zip:
 APOPKA, FL 32703 US

 $\label{eq:title:DV} {\sf Title:} \qquad {\sf DV} \qquad ({\sf X}) \ {\sf Change} \ ({\sf \)} \ {\sf Addition}$

 Name:
 SIGNIL, BELINDA
 Name:
 MCDEVITT, JOANNE

 Address:
 2831 BERMUDA AVE N
 Address:
 960 ST CROIX AVE

 City-St-Zip:
 APOPKA, FL 32703 US
 City-St-Zip:
 APOPKA, FL 32703 US

 Name:
 ALLISON, SEYMOUR
 Name:
 HOLLAND, ASHLEY

 Address:
 2835 BERMUDA AVE N
 Address:
 3045 ORLEANS WAY N

 City-St-Zip:
 APOPKA, FL 32703 US
 City-St-Zip:
 APOPKA, FL 32703 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN K ERICKSON D/V 06/02/2008