

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756592

FILED  
Mar 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3063 WINDCHIME CIR E  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

3063 WINDCHIME CIR E  
APOPKA, FL 32703

**New Mailing Address:**

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

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: ERICKSON, DAWN  
Address: 3063 WINDCHIME CIR E  
City-St-Zip: APOPKA, FL 32703 US

Title: D/T ( ) Delete  
Name: BADEAU, KIM  
Address: 3196 BARBADOS CT  
City-St-Zip: APOPKA, FL 32703 US

Title: D/S ( ) Delete  
Name: PETERSON, JUDY  
Address: 3161 ORLEANS WAY S  
City-St-Zip: APOPKA, FL 32703 US

Title: D/V ( ) Delete  
Name: MCDEVITT, JOANNE  
Address: 960 ST CROIX AVE  
City-St-Zip: APOPKA, FL 32703 US

Title: D ( ) Delete  
Name: HOLLAND, ASHLEY  
Address: 3045 ORLEANS WAY N  
City-St-Zip: APOPKA, FL 32703 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KIM BADEAU

D/T

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date