2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760225

FILED Apr 04, 2005 Secretary of State

Entity Name: BELLEFONTE HOMEOWNERS ASSOCIATION, INC.

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

P.O. BOX 2731

BRANDON, FL 335092731

Current Mailing Address: New Mailing Address:

P.O. BOX 2731

BRANDON, FL 335092731

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

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

WRIGHT, JERRY HOLLEY, BYRON

1008 MORFIELD LN 1011 CHERWOOD LANE BRANDON, FL 33511 US BRANDON, FL 33511 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: BYRON HOLLEY 04/04/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WRIGHT, JERRY Name: HOLLEY, BYRON

Address: 1008 MORFIELD LANE Address: 1011 CHERWOOD LANE
City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRANDON, FL 33511

Title: TD () Delete Title: TD (X) Change () Addition Name: HIMMEL, JEFFREY Name: STARK, RUTH

 Address:
 1011 MORFIELD LANE
 Address:
 1012 CHERWOOD LANE

 City-St-Zip:
 BRANDON, FL 33511
 City-St-Zip:
 BRANDON, FL 33511

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 NORTON, DOLLY
 Name:
 NORTON, DOLLY

 Address:
 1006 CHERWOOD LANE
 Address:
 1006 CHERWOOD LANE

 City-St-Zip:
 BRANDON, FL 33611
 City-St-Zip:
 BRANDON, FL 33511

 $\label{eq:title: VD (X) Change () Addition} \begin{picture} Title: & VD & (X) Change () Addition \\ \end{picture}$

 Name:
 HOLLEY, BYRON
 Name:
 STARK, ROBERT

 Address:
 1011 CHERWOOD LN
 Address:
 1012 CHERWOOD LANE

 City-St-Zip:
 BRANDON, FL 33511
 City-St-Zip:
 BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUTH STARK TD 04/04/2005