2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760225

FILED Apr 23, 2006 Secretary of State

Entity Name: BELLEFONTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
P.O. BOX BRANDO	.2731 N, FL 335092731		
Current N	Mailing Address:	New Mailing Address:	
P.O. BOX BRANDO	.2731 N, FL 335092731		
El Numbe	r: FEI Number Applied For	() FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:	
	BYRON ERWOOD LANE N, FL 33511 US		
	e named entity submits this statement for te of Florida.	or the purpose of changing its registered office or registered agent, or	both,
	te of Florida.	or the purpose of changing its registered office or registered agent, or	both,
n the Stat	te of Florida.		both,
n the Stat SIGNATU	te of Florida. É		
n the Stat SIGNATU	te of Florida. RE: Electronic Signature of Register	ed Agent Date	
n the Stat BIGNATU DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	te of Florida. IRE: Electronic Signature of Register S AND DIRECTORS: PD () Delete HOLLEY, BYRON 1011 CHERWOOD LANE	ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR OF Title: () Change () Addition Name: Address:	
n the Stat BIGNATU DFFICER Title: Name: Address:	te of Florida. RE: Electronic Signature of Register S AND DIRECTORS: PD () Delete HOLLEY, BYRON 1011 CHERWOOD LANE BRANDON, FL 33511 TD () Delete STARK, RUTH 1012 CHERWOOD LANE	ed Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTION Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTH STARK TD 04/23/2006