

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761681

FILED
Apr 14, 2004
Secretary of State**Entity Name:** THE BELLE MEADE ISLAND HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**910 BELLE MEADE ISLAND DR
MIAMI, FL 33138 US**New Principal Place of Business:****Current Mailing Address:**910 BELLE MEADE ISLAND DR
MIAMI, FL 33138 US**New Mailing Address:****FEI Number:** 65-0070433**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEY, CINDY
910 BELLE MEADE ISLAND DRIVE
MIAMI, FL 33138 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: V () Delete
Name: KEY, CLAUDIA
Address: 1065 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL 33138

Title: T () Delete
Name: BLACK, FLORENCIA
Address: 915 BELLE MEADE ISLAND
City-St-Zip: MIAMI, FL 33138

Title: P () Delete
Name: LEY, CINDY
Address: 910 BELLE MEADE ISLAND
City-St-Zip: MIAMI, FL 33138

Title: S () Delete
Name: HERNANDEZ, LINDA
Address: 835 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: ALVAREZ, VIVIAN
Address: 1005 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: DEPENA, ELENA
Address: 1111 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: KEY, JOEL
Address: 1065 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL 33138

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 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: CINDY LEY

P

04/14/2004

Electronic Signature of Signing Officer or Director

Date