


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90072 032 \*\*\*\*61.25

**DOCUMENT # 762008**

1. Entity Name  
**SOUTHERN BELLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 513 EAST MARION AVE.  
 PUNTA GORDA, FL 33950

Mailing Address  
 100 SULLIVAN ST  
 SUITE 112  
 PUNTA GORDA, FL 33950 US

40037993



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-2389385

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENE, JOAN F**  
**100 SULLIVAN ST**  
**STE 112**  
**PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORDEN, JOSHUA	
STREET ADDRESS	3252 ANTIGUA DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33956	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEST, MARY	
STREET ADDRESS	513 E. MARION AVE.	
CITY-ST-ZIP	PUNTA GORDA, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOULD, ALVIN	
STREET ADDRESS	115 TAMiami TR UNIT 2102	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADIAN Boudou	
STREET ADDRESS	512 E. MARION AVE #3	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL ASKEW	
STREET ADDRESS	513 E. MARION AVE #2	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Askew 3-12-07 443-621-7428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #