

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90049 017 ****61.25

DOCUMENT # 764441

1. Entity Name
BELLE MEADE HOME OWNERS ASSOCIATION, INC.



2. Principal Place of Business
BELLE MEADE
MIAMI, FL 33138

Mailing Address
781 NE 76 ST
MIAMI, FL 33138

40001010



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

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2553350

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYNAN, MARGARET
781 NE 76 STREET
MIAMI, FL 33138

Name

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

City

FL

Zip Code

I, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	DELETE	TITLE	NAME	CHANGE	ADDITION
P TYNAN, MARGARET R 781 NE 76 ST. MIAMI, FL 33138	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
ST FERENCE, ROSEMARY 901 NE 72 TERR MIAMI, FL 33138	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
VP ALLEN, WASTINE 725 NE 76 ST MIAMI, FL 33138	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
D MATHIAS, MARIO 674 NE 74 ST MIAMI, FL 33138	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
D MENENDEZ, JUAN 732 NE 75 ST MIAMI, FL 33138	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
D MARTISS, MICHAEL 940 NE 72 TERRACE MIAMI, FL 33138	<input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret R. Tynan* MARGARET R. TYNAN

1-8-07 305-259-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #