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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J10402** **(2)**

1. Corporation Name

BELLE RIVE VILLAS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
2200 LUCIEN WAY S400 MAITLAND FL 32751	2200 LUCIEN WAY S400 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/22/1986**
3a. Date of Last Report: **02/07/1994**

2. Principal Place of Business	2a. Mailing Address
21 5401 S. KIRKMAN RD.	26 5401 S. KIRKMAN RD.
Suite, Apt. #, etc. 22 SUITE 515	Suite, Apt. #, etc. 27 SUITE 515
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip / Country 24 32819 / 25 USA	Zip / Country 29 32819 / 30 USA

4. FEI Number: **59-2666950** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RHODIE, ROBERT D. ← MISSPELLED 2200 LUCIEN WAY S400 MAITLAND FL 32751	81 Name: ROHDIE, ROBERT C. 82 Street Address (P.O. Box Number is Not Acceptable): 5401 S. KIRKMAN RD. 83 SUITE 515 84 City: ORLANDO FL 85 Zip Code: 32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	GINSBURG, ALAN H.	12 NAME	
STREET ADDRESS	2200 LUCIEN WAY S400	13 STREET ADDRESS	2200 LUCIEN WAY STE 450
CITY ST ZIP	MAITLAND FL	14 CITY-ST ZIP	MAITLAND, FL 32751
TITLE	DV	21 TITLE	☒ Change ☐ Addition
NAME	ROHDIE, ROBERT C.	22 NAME	
STREET ADDRESS	2200 LUCIEN WAY S400	23 STREET ADDRESS	5401 S. KIRKMAN RD STE. 515
CITY ST ZIP	MAITLAND FL	24 CITY-ST ZIP	ORLANDO, FL 32751
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ROBERT C. ROHDIE 4/26/95 407-248-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042936 CP