

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M89290

1. Entity Name
BELMONT TRACE ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 11:38

Principal Place of Business

1519 BELMONT TRACE
TALLAHASSEE, FL 32301 US

Mailing Address

1519 BELMONT TRACE
TALLAHASSEE, FL 32301 US

DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1264670	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, SUSAN
3520 THOMASVILLE RD
4TH FLOOR
TALLAHASSEE, FL 32309

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME MITCHELL, DAVID
STREET ADDRESS 1558 BELMONT TRACE
CITY-ST-ZIP TALLAHASSEE, FL 32301

600097956126
04/23/07-01016--003 **150.00

TITLE V
NAME WOOLDRIDGE, VICKIE
STREET ADDRESS 1501 BELMONT TRACE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE T
NAME MOLONEY, CATHY
STREET ADDRESS 1519 BELMONT TRACE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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: *Cathy Moloney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07

850-245-6687

Date

Daytime Phone #