

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90109 021 ****61.25

DOCUMENT # N00000004666 1. Entity Name BELLINGHAM OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business % ADNIL PROFESSIONALS, INC. 5915 MEMORIAL HWY, #N TAMPA, FL 33615		Mailing Address 5915 MEMORIAL HWY #N OLDSMAR, FL 34677	
2. Principal Place of Business - No P.O. Box # ADNIL PROFESSIONALS Suite, Apt. #, etc. 8425 N. Hubert Ave. City & State Tampa, FL Zip 33614 Country USA		3. Mailing Address ADNIL PROFESSIONALS, INC. Suite, Apt. #, etc. 8425 N. Hubert Ave. City & State Tampa, FL Zip 33614 Country USA	
4. FEI Number 59-3688995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADNIL PROFESSIONALS, INC. 5915 MEMORIAL HWY., #N TAMPA, FL 33615		7. Name and Address of New Registered Agent Name ADNIL PROFESSIONALS, INC Street Address (P.O. Box Number is Not Acceptable) 8425 N. Hubert Ave City Tampa FL Zip Code 33614	
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 _____ (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. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD YEPES, ANGEL 6159 LANSHIRE DR. TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBERTSON, BRIAN G 6140 LANSHIRE DR. TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MESSERSCHMIDT, GAIL 6121 LANSHIRE DR. TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ALBERO, SAL 6020 LANSHIRE DR. TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Brian G Robertson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/18/07</u> Daytime Phone # _____	