2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N00000004666

Entity Name: BELLINGHAM OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% ADNIL PROFESSIONALS, INC.
8425 N HUBERT AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

% ADNIL PROFESSIONALS, INC.
8425 N HUBERT AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3688995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADNIL PROFESSIONALS, INC.
8425 N HUBERT AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ROBERTSON, BRIAN G
Address: 6140 LANSHIRE DR.
City-St-Zip: TAMPA, FL 33634

Title: PD ( ) Delete
Name: TOLEDO, JOSHUA
Address: 6133 LANSHIRE DR
City-St-Zip: TAMPA, FL 33634

Title: VPD ( ) Delete
Name: SANDEL, GARY
Address: 6736 LANSHIRE DR
City-St-Zip: TAMPA, FL 33634

Title: SD ( ) Delete
Name: MESSERSCHMIDT, GAIL
Address: 6121 LANSHIRE DR
City-St-Zip: TAMPA, FL 33634

Title: CD ( ) Delete
Name: KOGHBAR, KHALID
Address: 6131 LANSHIRE DR
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: ROBERTSON, BRIAN G
Address: 6140 LANSHIRE DR.
City-St-Zip: TAMPA, FL 33634

Title: TD (X) Change ( ) Addition
Name: TOLEDO, JOSHUA
Address: 6133 LANSHIRE DR
City-St-Zip: TAMPA, FL 33634

Title: PD (X) Change ( ) Addition
Name: SANDEL, GARY
Address: 6736 LANSHIRE DR
City-St-Zip: TAMPA, FL 33634

Title: CD (X) Change ( ) Addition
Name: MESSERSCHMIDT, GAIL
Address: 6121 LANSHIRE DR
City-St-Zip: TAMPA, FL 33634

Title: VPD (X) Change ( ) Addition
Name: KOGHBAR, KHALID
Address: 6131 LANSHIRE DR
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY SANDEL PD 03/24/2009

Electronic Signature of Signing Officer or Director — Date