

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000186

FILED  
Apr 13, 2007  
Secretary of State

**Entity Name:** BELLEAIR PRESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1799 B NORTH BELCHER RD  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 14357  
CLEARWATER, FL 33766

**New Mailing Address:**

**FEI Number:** 02-0542148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AMERI-TECH REALTY  
1799 B NORTH BELCHER RD  
CLEARWATER, FL 33765 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: PD ( ) Delete  
Name: WALKER, LISA  
Address: 1951 J&C BLVD  
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Delete  
Name: HAWKINS, GINA  
Address: 1589 PRESERVE WAY  
City-St-Zip: CLEARWATER, FL 33764

Title: SD ( ) Delete  
Name: SPRIGGS, LISA  
Address: 1583 PRESERVE WAY  
City-St-Zip: CLEARWATER, FL 33764

Title: VPD ( ) Delete  
Name: BARALT, BILL  
Address: 1580 PRESERVE WAY  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: OSWALD, GARY  
Address: 1575 PRESERVE WAY  
City-St-Zip: CLEARWATER, FL 33764

Title: TD (X) Change ( ) Addition  
Name: BLEDSOE, BOB  
Address: 1565 PRESERVE WAY  
City-St-Zip: CLEARWATER, FL 33764

Title: SD (X) Change ( ) Addition  
Name: JAMES, AL  
Address: 1560 PRESERVE WAY  
City-St-Zip: CLEARWATER, FL 33764

Title: VPD (X) Change ( ) Addition  
Name: CUSUMANO, MATTHEW  
Address: 1570 PRESERVE WAY  
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the 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 OSWALD

PD

04/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date