2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# N01000000186

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 ( )**

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: OSWALD, GARY
Address: 1575 PRESERVE WAY
City-St-Zip: CLEARWATER, FL 33764

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 OSWALD PD 03/19/2008

Electronic Signature of Signing Officer or Director — Date