


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000003307</b> 1. Entity Name <b>BEL AIR BEACH OWNERS ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>8511 - 8515 SURF DRIVE PANAMA CITY BEACH, FL 32408</b>	Mailing Address <b>2802 CANAL DRIVE PANAMA CITY, FL 32405</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02192007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3753768</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SIRAGUSA, ROBERT J 2802 CANAL DRIVE PANAMA CITY, FL 32405</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG, SANDRA POST OFFICE BOX 220 VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SIRAGUSA, ROBERT 2802 CANAL DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CONNIE POST OFFICE BOX 183 ALFORD, FL 32420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000642440  
03/01/07-80043-014 61.25

**DO NOT WRITE  
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 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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/07 810-763-8631