2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90414 039 ****61.25

DOCUMENT # N01000003761

1. Entity Name
BELMERE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5401 S. KIRKMAN RD., STE 450 ORLANDO, FL 32819	5401 S. KIRKMAN RD., STE 450 ~~475~~ ORLANDO, FL 32819

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	(Suite) Apt. #, etc. 450
City & State	City & State
Zip / Country	Zip / Country

01262006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3722917 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUE, CARPENTER 5401 KIRKMAN ROAD ~~STE 475~~ ORLANDO, FL 32819	Name Street Address (P.O. Box Number is Not Acceptable) Suite 450 City **FL** Zip Code

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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP CAVARETTA, CHARLES F 5200 VINELAND RD STE 200 ORLANDO, FL 32811	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President SCHLICK, THOMAS 1324 Whitney Isles Drive Windermere, FL 34786	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DILGEE, GARY 5200 VINELAND RD., STE 200 ORLANDO, FL 32811	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President NAGEL, MARK 11261 RAPPALLO LN WINDERMERE, FL 34786	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PROULX, CYNTHIA M 5200 VINELAND RD. #200 ORLANDO, FL 32811	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCC/Treasurer YOUNG, TOD 11306 VIA ANDIAMO WINDERMERE, FL 34786	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Deaguilera, Edward 11419 Via Andiamo Windermere, FL 34786	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Manutes, Paul 11258 Rapallo Lane Windermere, FL 34786	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X Thomas Schlick 4/27/06 321 377 7091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #