

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

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90209 006 ****61.25

DOCUMENT # N01000003761 1. Entity Name BELMERE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 5401 S. KIRKMAN RD., STE 450 ORLANDO, FL 32819	Mailing Address 5401 S. KIRKMAN RD., STE 450 STE 450 ORLANDO, FL 32819
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40000011



01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 5401 KIRKMAN ROAD STE 450 ORLANDO, FL 32819
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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.

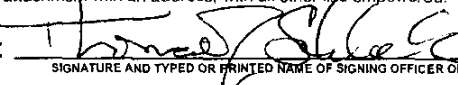
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLKK, THOMAS 1324 WHITNEY ISLES DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAGIEL, MARK 11261 RAPPALLO LN WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YOUNG, TOD 11306 VIA ANDIAMO WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAGUILERA, EDWARD 11419 VIA ANDIAMO WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANUTES, PAUL 11258 RAPALLO LN WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/23/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #