2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N01000003761

Entity Name: BELMERE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4004 EDGE WATER DR
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

4004 EDGE WATER DR
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3722917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, MARY
4004 EDGE WATER DRIVE
ORLANDO, FL 32804 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: P ( ) Delete
Name: HYNES, CHRIS
Address: 11542 VICOLO LOOP
City-St-Zip: WINDERMERE, FL 34786

Title: VP ( ) Delete
Name: SALUATI, SUSAN
Address: 11757 VIA LUCERNO CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: T3 (X) Delete
Name: PINKSTON, ELIZABETH
Address: 11707 BELLA MILANO COURT
City-St-Zip: WINDERMERE, FL 34786

Title: S (X) Delete
Name: SEDBROOK, MELANIE
Address: 1211 RAPOLLO LANE
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: MONTGOMERY, RICHARD
Address: 1147 AL GARUE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SALVATI, SUSAN
Address: 11757 VIA LUCERNO CIRCLE
City-St-Zip: WINDERMERE, FL 34786

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

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

Title: D (X) Change ( ) Addition
Name: MONTGOMERY, RICHARD
Address: 1147 ALGARE LOOP
City-St-Zip: WINDERMERE, FL 34786

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: CHRIS HYNES P 04/02/2009

Electronic Signature of Signing Officer or Director — Date