

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91520 007 ****61.25

DOCUMENT # N01000006825
1. Entity Name **BEL-AIRE ESTATES HOMEOWNERS' ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18905 ORANGE AVENUE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. PIERCE, FL

City & State

4. FEI Number Applied For
APPLIED FOR Not Applicable

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

Zip Country Zip Country
34950 USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOHN PATRICK SCHIRARD**

Street Address (P.O. Box Number is Not Acceptable)
18905 ORANGE AVENUE

City **FT. PIERCE** **FL** Zip Code **34950**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D JOHN PATRICK SCHIRARD 18905 Orange Avenue Ft. Pierce, FL 34950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP P. STRAZZULLA P. O. Box 3152 Ft. Pierce, FL 34948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN H. BLUM 1708 - 21st Street Vero Beach, FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John Patrick Schirard* April 19, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John Patrick Schirard, Pres.** Daytime Phone # _____

CR2E037B (12/01)