

**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

Zip 34950
Country USA

Zip
Country

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P D
NAME JOHN PATRICK SCHIRARD
STREET ADDRESS 18905 Orange Avenue
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PHILIP P. STRAZZULLA
STREET ADDRESS P. O. Box 3152
CITY-ST-ZIP Ft. Pierce, FL 34948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JOHN H. BLUM
STREET ADDRESS 1708 - 21st Street
CITY-ST-ZIP Vero Beach, FL 32960

TITLE
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STREET ADDRESS
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John Patrick Schirard, Pres.

April 19, 2002

Daytime Phone #

CR2E037B (12/01)