## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N02591

(8)

## BELLE GROVES MOBILE HOME OWNERS ASSOCIATION, INC

•									
Principal Place of Business Mailing Address							1101 61911 61611		
G-6/BEI	BLVD E Le grove Vill. Iton Fl <b>3420</b> 3		301 BLVD E /BELLE GROVE VILL. ADENTON FL 34203						
			•			3. Date Incorporated or Qualified 04/17/1984	3a. Date	of Last 5/08/1	Report 1 <b>995</b>
2. Princi 21	pal Place of Business	— ·	2a. Mailing Address 26			4. FEI Number 59-2491588		-	Applied For Not Applicable
	Apt. #, etc.	Suite, Apt. #, el	c.			5. Certificate of Status Desired	——·—		5 Additional
22		27				5. Certificate of Status Desired		Fee	Required
City 8	State	City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Zip Country		B. This corporation has liability for	intangible tax	<i>†</i>		
24	25 29 30			Florida Statutes					
	9. Name and Address of	Current Registered Agent		81	Name	10. Name and Address of New F	egistered A	gent	
£uß	OLONG THOMAS			0'	Name				
	rlong, Thomas 201 BLVD e, A-1/Belle Gro	VE VILL.		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	ADENTON FL 34203			83					
				84	City			85 Z	ip Code
11. Purs	suant to the provisions of Sections 6	17 0502 and 617 1508. Florida S	Statutes the al	OVe :	named cornors	ation submits this statement for the pu	roose of char	noissa its	registered office
Or re	gistered agent, or both, in the State liar with, and accept the obligations	: of Florida. Such change was au	thorized by the	corp	oration's board	d of directors. I hereby accept the app	ointment as r	egistered	d agent. I am
SIGNATI									
12.	Signature, typed or printed name of regis	tered agent and title if applicable.  ERS AND DIRECTORS	(NOTE: Register		nt signature required	(when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND I	DIRECTO	ORS IN 12
THILE	P			TITLE		ADDITIONAL PRINCES TO GIT		1 Change	Addition
NAME	FURLONG, THOMAS			NAME			1		
STREET ADD	DRESS 624 US 301 BLVD E		1.3	STREET	ADDRESS				
CITY-ST-Z				CITY-S	ST - ZIP				
TITLE		ST DELETE		2 1 TITLE				Change	Addition
NAME	AGNEW, HELEN		221						
STREET ADD	DOADCAITON CI				ADDRESS				
CITY-ST-Z	BRADENTON FL			CITY-	ST-ZIP	**************************************	<del></del>	3 Channe	T Addition
TITLE	GOEKE, MARY L			31 TITLE 32 NAME			L	Change	Addition Addition
NAME STREET ADO	004 HC 004 BLVD E				ADDOCCÉ				
CITY-ST-Z	DOADENTON EL			SINEE!	TADDRESS ST-74P				
TITLE	D	DELETI		TITLE	51-FH			Change	Addition
NAME	KOWALSKI, EILEEN	_		NAME				-	_
STREET ACT	DRESS 624 US 301 BLVD E		43	STREET	ADDRESS				
CITY-ST-Z	BRADENTON FL		4.4	CITY-S	ST-ZIP				
TITLE	D	DELET	5 1	TITLE				Change	☐ Addition
NAME	WEAVER, JOHN		52	NAME					
SYREET ADI			5.3	STREET	r address				
CITY-ST-Z				5 4 CITY-ST-ZIP				<del> </del>	
TITLE	D D	□D£LET		TITLE				] Change	Addition
NAME	OGLESBEE, JACK			NAME					
STREET AD	DO ADENTON EL		6.3	STREET	I ADDRESS				
CITY-ST-Z	ST-ZIF BRADENTON FL 64 I do hereby certify that the information supplied with this filing is voluntarily furnished an			CITY-S		About the second	07/07/1 : 5:	- C+	
14. 100 ced	nereby deriny that the information's ify that the information indicated on	supplied with this filing is voluntari this annual report or supplement	iy rumished an al annual recoi	u 000 tistn	is not quality to the and accurat	or the exemption stated in Section 119 te and that my signature shall have the	.v/(3)(K), MON	ua Statu Hect es	it made under

4. To the by Certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 1-841.751-6684.

R2E037 (12/95)