FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N02591

(8)

BELLE GROVES MOBILE HOME OWNERS ASSOCIATION, INC

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Principal Place of Business Mailing Address										1 10011101 011 00110 11001 011	IN 18181 1 11	E1 #1011 #1611 #1611 #19	at minta bilbar land	
624	4301 BLVD E	•		624301	BLVD E									
	6/BELLE GRO				G-6/BELLE GROVE VILL.									
BRADENTON FL 34203 BRADENTON FL 34203									J.,	5-4-1				
									3. 1	Date Incorporated or Qual 04/17/1984	пеа	3a. Date of Last 01/24/	1996	
2. 21	t. Principal Place of Business			2a. Ma	2a. Mailing Address				4, 1	4. FEI Number Applied For Not Applied be Not Applied For				
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. (5. Certificate of Status Desired See Required Fee Required				
City & State					City & State									
23				├ ¬	28					6. Election Campaign Financing \$5.00 May Bg Trust Fund Contribution Added to Feet				
	Zip Country				Zip Country					This corporation has liability for intangible tax under s. 199,032.				
24	25			29	—			Florida Statutes						
		9. Name	and Address of Curr		d Agent	1991		• • • • • • • • • • • • • • • • • • • •		Name and Address of Na				
						8	11	Name						
	FURI ON	IG, THOMA	ıs					6				·		
	624 201	BLVD E, A	N-1/BELLE GROVE	VILL.	82 Street Add			Address (P.C	dress (P.O. Box Number is Not Acceptable)					
BRADENTON FL 34203					<u> </u>									
							4	City					ip Code	
11	 Pursuant t office or re agent. Lar 	to the provisi egistered ag m familiar wi	ions of Sections 617.0 jent, or both, in the Sta th, and accept the ob	502 and 617.1 ate of Florida. (ligations of, Se	I508, Florida Statu Such change was ection 617.0503. Fi	-named the corp	corporation poration's bo	submits this statement for eard of directors. I hereby	the pur accept i	pose of changing the appointment i) its registered as registered			
Sit	GNATURE _													
12	Signature, typed or printed name of registered agent and title if applicable (No. 12. OFFICERS AND DIRECTORS						E: Registered Agent signature require 13.			DDITIONS/CHANGES TO	OËEIOEI	DATE DO AND DIDECT	ODC IN 12	
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CITY	Y-\$1-7IP	BRADEN				64 CITY								

14. I do hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i). Florida Statutes: I further 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: SIGNATURE SIGNATURE OF SIGNATURE OF

CR2E037 (9/96)

FILED

Mar 06 1997 8:00am

Secretary of State

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