

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90055 035 \*\*\*\*61.25

<b>DOCUMENT # N02591</b> 1. Entity Name <b>BELLE GROVES MOBILE HOME OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>624-301 BLVD E B-5 BRADENTON FL 34203</b>		Mailing Address <b>624-301 BLVD E B-5 BRADENTON FL 34203</b>	
2. Principal Place of Business - No P.O. Box # <b>624-301 BLVD E F-9 BRADENTON FL</b>		3. Mailing Address <b>624-301 BLVD E F-9 BRADENTON FL</b>	
Suite, Apt. #, etc. <b>F-9</b>		Suite, Apt. #, etc. <b>F-9</b>	
City & State <b>BRADENTON FL</b>		City & State <b>BRADENTON FL</b>	
Zip <b>34203</b>		Zip <b>34203</b>	
Country <b>MAINTEN</b>		Country <b>MAINTEN</b>	
8. Name and Address of Current Registered Agent  <b>MILLARD, JOHN 624-301 BLVD E F9 BRADENTON, FL 34203</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLARD, JOHN 624-301 BLVD E F-9 BRADENTON, FL 34203 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLARD, JOHN 624-301 BLVD E F-9 BRADENTON FL 34203 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABBOTT, FRANK 624-301 BLVD E G-7 BRADENTON, FL 34203 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABBOTT, FRANK 624-301 BLVD E G-6 BRADENTON FL 34203 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DILLER, MARY 624-301 BLVD E E-1 BRADENTON, FL 34203 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DILLER, MARY 624-301 BLVD E E-1 BRADENTON FL 34203 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, ROBERT 624-301 BLVD E C-8 BRADENTON, FL 34203 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Angel Vega, IIA 624-301 BLVD E G-7 BRADENTON FL 34203 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DENNY 624-301 BLVD E A-5 BRADENTON, FL 34203 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dorell Azzell 624-301 BLVD E F-13 BRADENTON FL 34203 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDGES, MARILYN 624-301 BLVD E B-11 BRADENTON, FL 34203 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEDGES MARILYN 624-301 BLVD E B-11 BRADENTON FL 34203 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>John A. Millard</b> <span style="float: right;">3/21/07 941-721-1908</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			