

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000001700

1. Entity Name
BELLE ISLE HOMEOWNERS ASSOCIATION, INC.



FILED
08 MAY -2 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~C/O MANAGEMENT, INC.~~
~~1145 SAWGRASS CORP PKWY~~
~~SUNRISE, FL 33323~~

Mailing Address
~~C/O MANAGEMENT, INC.~~
~~1145 SAWGRASS CORP PKWY~~
~~SUNRISE, FL 33323~~



2. Principal Place of Business - No P.O. Box #
11784 W. Sample Rd
Suite, Apt. #, etc. #103

3. Mailing Address
11784 W. Sample Rd
Suite, Apt. #, etc. #103

02182008 Chg-NP CR2E037 (12/06)

City & State
Coral Springs, FL
Zip 33065 Country USA

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Coral Springs, FL
Zip 33065 Country USA

4. FEI Number
34-1977729

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

6. Name and Address of Current Registered Agent
~~BAKALAR & EICHNER, P.A.~~
~~WESTSIDE CORPORATE CENTER~~
~~150 S. PINE ISLAND RD. SUITE 540~~
~~PLANTATION, FL 33324~~

7. Name and Address of New Registered Agent
Name
United Community Mgt. Corp
Street Address (P.O. Box Number is Not Acceptable)
11784 W. Sample Rd #103
City Coral Springs FL Zip Code 33065

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 DAVID A. O'DELL, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

David A. O'dell 3/25/08
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DELL, DAVID 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11784 W. Sample Rd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #103 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMAN, JAY 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 11 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David A. O'dell 4/23/08 954-551-0640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #