

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001700

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: BELLE ISLE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

C/O UNITED COMMUNITY MANAGEMENT CORP.  
11784 W. SAMPLE ROAD, #103  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

C/O UNITED COMMUNITY MANAGEMENT CORP.  
11784 W. SAMPLE ROAD, #103  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 34-1977729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED COMMUNITY MANAGEMENT CORP.  
11784 W. SAMPLE ROAD, #103  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: O'DELL, DAVID  
Address: 11784 W. SAMPLE RD., #103  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V ( ) Delete  
Name: FELDMAN, JAY  
Address: 11784 W. SAMPLE RD., #103  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete  
Name: FEINBERG, DAVID  
Address: 11784 W. SAMPLE RD., #103  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FEINBERG, DAVID S  
Address: 11784 W. SAMPLE RD., #103  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPD (X) Change ( ) Addition  
Name: FELICI, MARK  
Address: 11784 W. SAMPLE RD., #103  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD (X) Change ( ) Addition  
Name: HALUPKE, MICHAEL  
Address: 11784 W. SAMPLE RD., #103  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PALMER

AGT

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date