

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000072

FILED
Jul 23, 2008
Secretary of State

Entity Name: BELLE AQUA VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

125 BRIDGEWATER DR
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

125 BRIDGEWATER DR
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 20-3563690 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOZICK, MICHAEL
10210 WATERSIDE OAK DR
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

LOZICKI, MICHAEL
10210 WATERSIDE OAK DR
TAMPA, FL 33637 US

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: MICHAEL LOZICKI

07/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LOZICK, MICHAEL
Address: 10210 WATERSIDE OAK DR
City-St-Zip: TAMPA, FL 33637

Title: P () Delete
Name: HIRTORAK, DAVID
Address: 125 BRIGHTWATER
City-St-Zip: CLEARWATER, FL 33767

Title: S () Delete
Name: REILLY, DAVID
Address: 125 BRIGHTWATER UNIT 4
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LOZICKI, MICHAEL
Address: 10210 WATERSIDE OAK DR
City-St-Zip: TAMPA, FL 33637

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL LOZICKI

RA

07/23/2008

Electronic Signature of Signing Officer or Director

Date