

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 17, 2008**  
**Secretary of State**

DOCUMENT# N04000002120

**Entity Name:** BELLE TERRE @ MILLENIA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3902 MILLENIA BLVD.  
ORLANDO, FL 32839 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 2148  
APOPKA, FL 32839 US**New Mailing Address:****FEI Number:** 20-8723974**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SOUTH, J TODD  
1000 LEGIONS PLACE  
# 1200  
ORLANDO, FL 32801 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: D ( ) Delete  
Name: CAMPBELL, WILLIAM P  
Address: 9702 WILD OAK DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: D (X) Delete  
Name: ADLEY, JAMIE A  
Address: 933 BEVILLE RD  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete  
Name: LENOCI, NICK  
Address: 6227 GREATWATER  
City-St-Zip: WINDERMERE, FL 32786 US

Title: D ( ) Delete  
Name: SCHWARTZ, WINSTON  
Address: 933 BEVILLE RD  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete  
Name: MELLUSI JR, JOHN J  
Address: 1731 COUNTRY TERRACE LANE  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: WILLIAM P CAMPBELL

D

04/17/2008

Electronic Signature of Signing Officer or Director

Date