2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N04000003534

Entity Name: BELLE CHASE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MANAGEMENT SERVICES
2870 SCHERER DRIVE N. STE. 100
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

STERLING MANAGEMENT SERVICES
2870 SCHERER DRIVE N. STE. 100
SAINT PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 20-2824538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTERILL, RON
1010 N. FLORIDA AVE
1010 N. FLORIDA AVE
TAMPA, FL 33602 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: BEAVER, STEPHEN
Address: 1118 NAPOLEAN WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete
Name: SRINIVASA, MALLADI
Address: 1151 NASHVILLE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete
Name: RITZENTHALER, ROBERT
Address: 1101 NAPOLEAN WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T ( ) Delete
Name: STIVLER, DANIEL
Address: 1135 NAPOLEAN WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S ( ) Delete
Name: LEMANSKI, DONNA
Address: 1024 NAPOLEAN WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

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: GAIL KNIGHT MGR 03/30/2009

Electronic Signature of Signing Officer or Director — Date