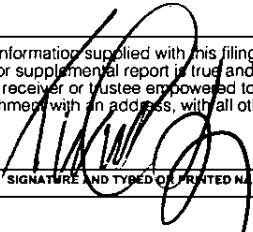


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 18, 2008 8:00 am  
Secretary of State**

04-18-2008 90022 042 \*\*\*\*61.25

<b>DOCUMENT # N04000006085</b>																																																																			
1. Entity Name <b>BELMONT CLUSTER DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.</b>																																																																			
Principal Place of Business <b>5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653</b>		Mailing Address <b>5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653</b>																																																																	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																	
City & State		City & State																																																																	
Zip	Country	Zip Country																																																																	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																																																	
<b>HOUDERSHELT, DEBBIE C/O BOSSHADT PROPERTY MGT INC 5522 NW 43 ST STE B GAINESVILLE, FL 32653</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>																																																																			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Make check payable to <b>Florida Department of State</b>																																																																
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <th>TITLE</th> <th>NAME</th> <th>TITLE</th> <th><input type="checkbox"/> Change <input type="checkbox"/> Addition</th> </tr> </thead> <tbody> <tr> <td>PSD</td> <td>WILLIAMS, THOMAS W JR</td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>107 E HIGH ST</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ARCHER, FL 32618</td> <td></td> <td></td> </tr> <tr> <td>DELANEY, PHILIP A</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4041-B NW 37TH PL</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32606</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	PSD	WILLIAMS, THOMAS W JR	<input type="checkbox"/> Delete		STREET ADDRESS	107 E HIGH ST			CITY-ST-ZIP	ARCHER, FL 32618			DELANEY, PHILIP A		<input type="checkbox"/> Delete		STREET ADDRESS	4041-B NW 37TH PL			CITY-ST-ZIP	GAINESVILLE, FL 32606					<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>																																																																			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		THOMAS W. WILLIAMS JR <b>4-16-08</b> <small>Date</small> <b>352-240-2713</b> <small>Daytime Phone #</small>																																																																	