

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 23, 2009
Secretary of State**

DOCUMENT# N04000011790

Entity Name: BEL AIRE AT WINDWARD ASSOCIATION, INC.

Current Principal Place of Business:

141 POND CYPRESS ROAD
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

141 POND CYPRESS ROAD
VENICE, FL 34292

New Mailing Address:

FEI Number: 80-0122178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDERS, DAVID
141 POND CYPRESS ROAD
VENICE, FL 34292 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: PTD () Delete
Name: SCHROEDERS, DAVID
Address: 141 POND CYPRESS ROAD
City-St-Zip: VENICE, FL 34292

Title: VD () Delete
Name: SHULMAN, DANIEL R
Address: 141 POND CYPRESS ROAD
City-St-Zip: VENICE, FL 34292

Title: SD () Delete
Name: COLAGIOVANNI, FRED V
Address: 141 POND CYPRESS ROAD
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HARMS, JOHN
Address: 210 ARLINGTON DRIVE
City-St-Zip: PLACIDA, FL 33943

Title: VP (X) Change () Addition
Name: MINOR, WILLIAM
Address: 225 ARLINGTON DRIVE
City-St-Zip: PLACIDA, FL 33943

Title: S/T (X) Change () Addition
Name: MORAN, RICHARD
Address: 221 ARLINGTON DRIVE
City-St-Zip: PLACIDA, FL 33943

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: JOHN HARMS

Electronic Signature of Signing Officer or Director

PTD

01/23/2009

Date