

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90186 031 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

To
 Ch

40070094



DOCUMENT # N0500000779			
1. Entity Name THE BELLEAIR VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1550 S. BELCHER RD. CLEARWATER, FL 33764		Mailing Address 1550 S. BELCHER RD. CLEARWATER, FL 33764	
2. Principal Place of Business		3. Mailing Address 7300 Park Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Seminole FL	
Zip	Country	Zip	Country
33777	US	33777	US
4. FEI Number 41-2194171		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRKWOOD, CAROLE T 101 E. KENNEDY BLVD., SUITE 3140 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: Resource Property Mgmt Street Address (P.O. Box Number is Not Acceptable): 7300 Park Street City: Seminole FL Zip Code: 33777	
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: Stanley J Paulosky Jr. Board President Date: 4-25-06			
Filing Fee is \$41.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD REED, JOSEPH W STREET ADDRESS 1550 S. BELCHER RD. CITY-ST-ZIP CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete	TITLE NAME PD Stanley Paulosky STREET ADDRESS 1550 S Belcher Rd #512 CITY-ST-ZIP Clearwater FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VTD WILLINGHAM, RICHARD B STREET ADDRESS P. O. BOX 190817 CITY-ST-ZIP ATLANTA, GA 31119	<input checked="" type="checkbox"/> Delete	TITLE NAME VTD Jacquelyn Alterieri STREET ADDRESS 1550 S Belcher Rd #122 CITY-ST-ZIP Clearwater FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD BATES, LYNN STREET ADDRESS 813 NORTSHORE DR., SUITE 201 CITY-ST-ZIP KNOXVILLE, TN 37919	<input checked="" type="checkbox"/> Delete	TITLE NAME TD Sharon Kane STREET ADDRESS 1550 S Belcher Rd # 434 CITY-ST-ZIP Clearwater FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: Stanley Paulosky Jr. Board President		Date: 4-25-06 Phone #: 727-729-4000	