## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000779

FILED Apr 22, 2008 Secretary of State

Entity Name: THE BELLEAIR VILLAGE CONDOMINIUM ASSOCIATION, INC.

| Current Principal Place of Business:        |  |                    |                 | New Princ                                   | New Principal Place of Business: |   |              |
|---|--|--------------------|-----------------|---|----------------------------------|---|--------------|
|   | LCHER RD<br>ATER, FL 337                           | 764 US             |                 |   |                                  |   |              |
| Current Mailing Address:                    |  |                    |                 | New Maili                                   | New Mailing Address:             |   |              |
| 7300 PARK                                   |  | PERTY MGMT<br>US   |                 |   |                                  |   |              |
| FEI Number:                                 | 41-2194171   | FEI Number Ap      | plied For()     | FEI Number Not Appl                         | icable ( )                       | Certificate of Status Des                   | sired ( )    |
| Name and                                    | Address of   | Current Registe    | red Agent:      | Name and                                    | Address of                       | New Registered Agen                         | t:           |
| 7300 PARK                                   | CE PROPERT<br>K STREET<br>E, FL 33777              | Y MGMT<br>US       |                 |   |                                  |   |              |
|   | named entity<br>of Florida.                        | submits this stat  | ement for the p | urpose of changing i                        | ts registered                    | office or registered age                    | nt, or both, |
| SIGNATUF                                    | RE:  |                    |                 |   |                                  |   |              |
|   | Electro  | nic Signature of I | Registered Age  | nt  |                                  | Date  |              |
| OFFICERS AND DIRECTORS:                     |  |                    |                 | ADDITION                                    | S/CHANGES                        | TO OFFICERS AND                             | DIRECTORS:   |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P (<br>ALTIERI, JACH<br>1550 S BELCH<br>CLEARWATER | HER RD #122        |                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | (                                | ) Change ( ) Addition                       |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VP (<br>BERKMAN, DO<br>1550 S BELCH<br>CLEARWATER  | HER RD #117        |                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | (                                | ) Change ( ) Addition                       |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | S/T (<br>KANE, SHARC<br>1550 S BELCH<br>CLEARWATER | HER RD #434        |                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | (                                | ) Change ( ) Addition                       |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>BULMAN, RICI<br>1550 S BELCH<br>CLEARWATER  | HER RD #113        |                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | (                                | ) Change ( ) Addition                       |              |
| Title:<br>Name:<br>Address:                 | (  | ) Delete           |                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | SMITH, DORI                      | ) Change (X) Addition<br>LYN<br>HER RD #135 |              |

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: JACKIE ALTIERI P/D 04/22/2008