

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002286

FILED
Apr 24, 2008
Secretary of State

Entity Name: BELLE MEADE RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-2461926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: SANDERS, KYLE
Address: 235 N. WESTMONTE DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: KRAMER, KEVIN
Address: 235 N. WESTMONTE DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: QUEEN, DAWN
Address: 235 N WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANDERS, KYLE
Address: 901 OUTER RD
City-St-Zip: ORLANDO, FL 32814

Title: VPD (X) Change () Addition
Name: OROSZ, STEPHEN
Address: 901 OUTER RD
City-St-Zip: ORLANDO, FL 32814

Title: SD (X) Change () Addition
Name: JENSEN, PEGGY
Address: 901 OUTER RD
City-St-Zip: ORLANDO, FL 32814

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: KYLE SANDERS

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date