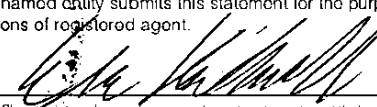
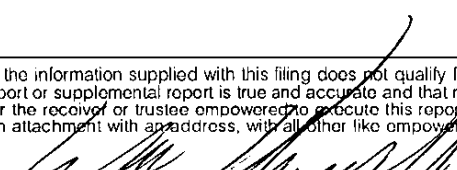


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90041 029 ****61.25

DOCUMENT # N05000003431 1. Entity Name SUWANNEE BELLE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 10121 SNUG HARBOR RD ST PETERSBURG FL 33710			Mailing Address 10121 SNUG HARBOR RD ST PETERSBURG FL 33710		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 26-0111641 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DB CORPORATE SERVICES INC 5999 CENTRAL AVE SUITE 202 ST PETERSBURG FL 33710					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Signature, typed or printed name of registered agent and title if applicable ERIC Rikansrud 01-18-07 DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 STREET ADDRESS CITY ST ZIP	PT RIKANSRUD, ERIC 10121 SNUG HARBOR RD SAINT PETERSBURG FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	S Dodd, Cristine 625 N.W. 38th CT Pompano Beach FL 33064	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HALL, ROBERT 1235 THOMAS PALMER CT LAWRENCEVILLE GA 30043	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Lamar, Ina P.O. Box 208 Crystal Springs MS 39059	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S LAMAR, INA P.O. BOX 208 CRYSTAL SPRINGS MS 39059	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BROWN, DAVID 816 WEST JACKSON AVE SPRING CITY TN 37381	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DODD, CRISTINE 625 NW 38TH CT POMPANO BEACH FL 33064	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			01-18-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		