

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90020 022 ****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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

DB CORPORATE SERVICES INC
5999 CENTRAL AVE SUITE 202
ST PETERSBURG FL 33710

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.

(NOTE: Registered Agent signature must be witnessed and stamped)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 PT ☐ Delete
NAME RIKANSRUD, ERIC
STREET ADDRESS 10121 SNUG HARBOR RD
CITY- ST- ZIP SAINT PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VP ☐ Delete
NAME HALL, ROBERT
STREET ADDRESS 1235 THOMAS PALMER CT
CITY- ST- ZIP LAWRENCEVILLE GA 30043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S ☐ Delete
NAME DODD, CRISINE
STREET ADDRESS 625 N.W. 38TH CT
CITY- ST- ZIP POMPANO BEACH FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME BROWN, DAVID
STREET ADDRESS 816 WEST JACKSON AVE
CITY- ST- ZIP SPRING CITY TN 37381

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☒ Delete
NAME LAMAR, INA
STREET ADDRESS P.O. BOX 208
CITY- ST- ZIP CRYSTAL SPRINGS MS 39059

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 information.

SIGNATURE:

[Signature]

01-22-08 727-4225623