

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008757

FILED
Apr 25, 2006
Secretary of State

Entity Name: BELLE TERRE OF WEKIVA OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

407 WEKIVA SPRINGS RD.
SUITE 241
LONGWOOD, FL 32779

New Principal Place of Business:

6080 MASTERS BLVD
ORLANDO, FL 32819 US

Current Mailing Address:

407 WEKIVA SPRINGS RD.
SUITE 241
LONGWOOD, FL 32779

New Mailing Address:

6080 MASTERS BLVD
ORLANDO, FL 32819 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

INNOVEST PROPERTIES, LLC
6080 MASTERS BLVD.
ORLANDO, FL 32819 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: P () Delete
Name: TINDELL, CATHERINE O
Address: 6080 MASTERS BLVD.
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: SPIELVOGEL, MICHAEL R
Address: 6080 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE O. TINDELL

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date