FILED
Jun 12, 2007 8:00 am
Secretary of State
05-08-2007 90007 030 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000004989

1. Entity Name
BELFAIR PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
PO BOX 24282
TAMPA, FL 33623

Mailing Address
PO BOX 24282
TAMPA, FL 33623

66018677

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

04102007 Chg-NP CR2E037 (12/06)

City & State | City & State

4. FEI Number 20-4880090 | Applied For | Not Applicable

Zip | Country | Zip | Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERN, ROBERT G ESQ
101 E KEBBEDY BLVD
BANK OF AMERICAN PLAZA, STE 2700
TAMPA, FL 33606

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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CISNEROS, FRANK G JR	NAME	
STREET ADDRESS	PO BOX 24282	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33623	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CISNEROS, FRANK G	NAME	
STREET ADDRESS	PO BOX 24282	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33623	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CISNEROS, J. CARLOS	NAME	
STREET ADDRESS	PO BOX 24282	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33623	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/16/07 2889360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EX 203