

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

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**



04242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4880090

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CISNEROS, FRANK G JR
STREET ADDRESS PO BOX 24282
CITY-ST-ZIP TAMPA, FL 33623

TITLE D
NAME CISNEROS, FRANK G
STREET ADDRESS PO BOX 24282
CITY-ST-ZIP TAMPA, FL 33623

TITLE D
NAME CISNEROS, J. CARLOS
STREET ADDRESS PO BOX 24282
CITY-ST-ZIP TAMPA, FL 33623

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000946884
05/30/08-80066-012-61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08

Date

813 288 9360

Daytime Phone #