


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-26-2007 90074 034 ****61.25

DOCUMENT # N06000007561					
1. Entity Name BELLWETHER PROFESSIONAL PARK PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 6331 OCALA, FL 34478			Mailing Address P.O. BOX 6331 OCALA, FL 34478		
2. Principal Place of Business - No P.O. Box # 2201 SE 30th Avenue		3. Mailing Address 2603 SE 17th Street			
Suite, Apt. #, etc.		Suite A			
City & State Ocala, FL		City & State Ocala, FL			
Zip 34471	Country US	Zip 34471	Country US	4. FEI Number 20-8476138	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FUTCH, R. WILLIAM 610 S.E. 17TH STREET OCALA, FL 34471			7. Name and Address of New Registered Agent Name: Christopher S. Wiechens Street Address (P.O. Box Number is Not Acceptable): 2603 SE 17th Street Suite A City: Ocala FL Zip Code: 34471		
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		Christopher S. Wiechens		3/16/07	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME MENDOLA, ANTHONY P		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 6331	CITY-ST-ZIP OCALA, FL 34478		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME DINKINS, DAVIS		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 6331	CITY-ST-ZIP OCALA, FL 34478		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ST	NAME OWEN, DAVID		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 6331	CITY-ST-ZIP OCALA, FL 34478		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		DAVIS L. DINKINS		3/16/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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03062007 Chg-NP CR2E037 (12/06)

352-690-9551