## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # N0700001269  1. Entity Name BELTREES HERITAGE CONDOMINIUM OWNERS ASSOCIATION, INC.				1	008 90041 019 ****61.2		
Principal Place of Business 406 BELTREES ST. DUNEDIN, FL 34698		Mailing Address 900 DREW ST., SUITE 1 CLEARWATER, FL 33755			. Beik Belli Edili Belli (1918 HSIB ZHIB 1	dial Di Jean	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202008 Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number	<del></del>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status De	Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name			
STAACK, JAMES A ESQ. 900 DREW ST. CLEARWATER, FL 33755			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
·			City		FL Zip Code	<del></del>	
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 pastered agent.  SIGNATURE  Signature: hyped 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  P. Election Campaign Financing Trust Fund Contribution. Added to Fees  Florida Department of State							
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN		
NAME STREET ADDRESS CITY-ST-ZIP D	louglas Rose 37 BASS BIVD UNEDIN, Fl. 341	,98%	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	IAN Rosenbour 1 BASS BIUD. Wedin, El 346	m, Vi Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TIFLE K	Athleen Rosenb 18ASS Blud. NeDIN, Flay 68	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated on the	that the information supplied with is report or supplemental report is on or the receiver or trustee emplemental report in an attachment with an address.	s true and accurate and that no owered to execute this report	ny signature shall have th as required by Chapter 6	e same legal effect as if made 17, Florida Statutes; and that r	under oath; that I am an officer	or director Block 11 if	