


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

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90043 035 \*\*\*\*61.25

<b>DOCUMENT # N07195</b>					
1. Entity Name BEL-AIR BEACH CLUB ASSOCIATION, INC.					
Principal Place of Business 780 ESTERO BLVD. FT. MYERS BEACH, FL 33931-2100			Mailing Address 780 ESTERO BLVD. FT. MYERS BEACH, FL 33931-2100		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2300075	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of <u>New</u> Registered Agent		
SAUL, ROBERT W 780 ESTERO BLVD FORT MYERS BEACH, FL 33931			Betty Melhuish, <sup>Name</sup> President 3843 Lake Bayshore Dr. Unit 102F Bradenton, FL 34205		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELHUIH, BETTY			NAME	
STREET ADDRESS	3843 LAKE BAYSHORE DRIVE UNIT 102F			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34205			CITY-ST-ZIP	
TITLE	<del>VP D</del> SAUL, ROBERT <sup>OK</sup>	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SAUL, ROBERT</del>			NAME	D
STREET ADDRESS	<del>2321 E 5TH STREET, #104</del>			STREET ADDRESS	
CITY-ST-ZIP	<del>LEHIGH ACRES, FL 33970</del>			CITY-ST-ZIP	
TITLE	<del>D</del> SHIVELY, DAVID <sup>VP</sup>	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVELY, DAVID			NAME	VP
STREET ADDRESS	10637 WEST ANGLIN ROAD			STREET ADDRESS	
CITY-ST-ZIP	ETNA GREEN, IN 46524			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHSMUTH, RAYMOND			NAME	
STREET ADDRESS	W 4809 NORTH SHORE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	WAUPACA, WI 54981			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, WILLIAM			NAME	
STREET ADDRESS	780 ESTERO BLVD, #201			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEALEY, LARRY			NAME	
STREET ADDRESS	1439 C 17			STREET ADDRESS	
CITY-ST-ZIP	CONVOY, OH 45832			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: <i>Betty Melhuish</i>		Date: <i>July 18, 2008</i>		Daytime Phone #: <i>941-753-4227</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					