

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90234 010 \*\*\*\*61.25

**DOCUMENT # N08668**

1. Entity Name  
**BELCHER PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1101 BELCHER RD S  
SUITE B  
LARGO, FL 33771**

Mailing Address  
**1101 BELCHER RD S  
SUITE F  
LARGO, FL 33771**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**1101 Belcher Rd. S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite B**

City & State

City & State

**Largo FL**

Zip

Country

Zip

**33771**

Country

**USA**

04292008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-2600596**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERLMAN, JOSEPH N  
1101 BELCHER ROAD, SOUTH  
SUITE B  
LARGO, FL 33771**

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, 2008**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HOLMES, CURTIS  
1101 BELCHER RD SOUTH SUITE 1  
LARGO, FL 33771** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PERLMAN, JOSEPH N.  
1101 BELCHER RD S.  
LARGO, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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 address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/08 727-536-2711**