


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90031 007 \*\*\*\*61.25

<b>DOCUMENT # N16162</b> 1. Entity Name <b>BELLE MEADE HOMEOWNERS' ASSOCIATION OF HILLSBOROUGH COUNTY, INC.</b>					
Principal Place of Business <b>16105 N FLORIDA SUITE A LUTZ, FL 33549</b>			Mailing Address <b>16105 N FLORIDA SUITE A LUTZ, FL 33549</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03282008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>59-2709176</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUARTE, ANTONIO III 6221 LAND O LAKES BLVD LAND O LAKES, FL 34639</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Delete <b>BROWN, SUE</b> <b>9887 FOURTH STREET NORTH 16105 N. Fla Ave</b> <b>SAINT PETERSBURG, FL 33702 Lutz, FL 33549</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete <b>TEGENKAMP, ALISON</b> <b>9887 FOURTH STREET NORTH</b> <b>SAINT PETERSBURG, FL 33702</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Delete <b>KOWALCZYK, HENRY</b> <b>9887 FOURTH STREET NORTH</b> <b>SAINT PETERSBURG, FL 33702</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>CORR, PHYLLIS</b> <b>9887 FOURTH STREET NORTH</b> <b>SAINT PETERSBURG, FL 33702</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>CLEAVER, CLINT</b> <b>9887 FOURTH STREET NORTH</b> <b>SAINT PETERSBURG, FL 33702</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FERTIG, PETE</b> <b>9887 FOURTH STREET NORTH</b> <b>ST PETERSBURG, FL 33702</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16105 N. Fla Ave. Suite A</b> <b>Lutz, FL 33549</b>					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16105 N. Fla Ave. Suite A</b> <b>Lutz, FL 33549</b>					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16105 N. Fla Ave. Suite A</b> <b>Lutz, FL 33549</b>					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16105 N. Fla Ave. Suite A</b> <b>Lutz, FL 33549</b>					
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.					
<b>SIGNATURE: Susan P. Brown</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>APR 15 2007</b> <small>Date</small>	
<b>813 968 5665</b> <small>Daytime Phone #</small>					