

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18993

FILED
May 12, 2009
Secretary of State

Entity Name: BEL-AIRE HOMEOWNERS ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

5121 CASA REAL DR
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5121 CASA REAL DR
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 65-0084013 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SALAS, DONALD E
5121 CASA REAL DRIVE
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOXER, TERRY
Address: 5364 BODEGA PL
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: LINCH, AL
Address: 5181 CASA REAL DR.
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: FISCHER, MICHAEL
Address: 5191 CASA REAL DR.
City-St-Zip: DELRAY BEACH, FL 33484

Title: P () Delete
Name: KRUSE, MARINA
Address: 5349 BODEGA PL
City-St-Zip: DELRAY BEACH, FL 33484

Title: S () Delete
Name: MORCIGLIO, NELSON
Address: 5220 CASA REAL DR.
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WHITE, CAROL
Address: 5284 BODEGA PLACE
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MORCIGLIO, NELSON
Address: 5220 CASA REAL DR.
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY BOXER

T

05/12/2009

Electronic Signature of Signing Officer or Director

Date