2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N19097

Entity Name: BELLEVIEW ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

400 ST ANDREWS DR
BELLEAIRE, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST
SEMINOLE, FL 337774601 US

New Mailing Address:

FEI Number: 59-2783378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINHARDT, DEBRA
RESOURCE MGMT, INC.
7300 PARK ST
SEMINOLE, FL 337774601 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: PD ( ) Delete
Name: DUPONT, THOMAS,
Address: 430 ST. ANDREWS DRIVE
City-St-Zip: BELLEAIR, FL

Title: VD ( ) Delete
Name: CARLISLE, DANIEL, W,
Address: 426 ST ANDREWS DR
City-St-Zip: BELLEAIR, FL

Title: D ( ) Delete
Name: SWEENEY, BILL
Address: 408 ST ANDREWS DRIVE
City-St-Zip: BELLEAIR, FL 33756

Title: SD ( ) Delete
Name: ZWAN, JUNE
Address: 405 ST. ANDREWS DR
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete
Name: TEYETLEBAUM, LEO
Address: 411 ST ANDREWS DR
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DUPONT, THOMAS,
Address: 430 ST. ANDREWS DRIVE
City-St-Zip: BELLEAIR, FL

Title: VP (X) Change ( ) Addition
Name: CARLISLE, DANIEL, W,
Address: 426 ST ANDREWS DR
City-St-Zip: BELLEAIR, FL

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

Title: S (X) Change ( ) Addition
Name: NAIK, DR
Address: 407 ST. ANDREWS DR
City-St-Zip: BELLEAIR, FL 33756

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

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: TOM DUPONT P 04/03/2009

Electronic Signature of Signing Officer or Director — Date