2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N20244

1. Entity Name
BELCHER FOUNTAINS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1000 BELCHER RD. S. STE 2 LARGO, FL 33771	1000 BELCHER RD. S. STE 2 LARGO, FL 33771 US

01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2870461
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, DENNIS N
1000 BELCHER RD. S
STE. 2
LARGO, FL 33771

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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
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOFARELLI, MIKE JR
STREET ADDRESS	1000 BELCHER RD. S, STE 1
CITY-ST-ZIP	LARGO, FL 33771
TITLE	TD
NAME	COOK, DENNIS
STREET ADDRESS	1000 BELCHER RD S, STE 2
CITY-ST-ZIP	LARGO, FL 33771
TITLE	SD
NAME	SOFARELLI, BARBARA
STREET ADDRESS	1000 BELCHER RD S STE 1
CITY-ST-ZIP	LARGO, FL 33771
TITLE	VD
NAME	KLINE, MARK
STREET ADDRESS	2040 NE COACHMAN RD
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/06-80030-021 61.25

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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 an address, with all other like empowered.

SIGNATURE: Dennis N Cook 1/31/06 727-531-0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #