


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N20244 1. Entity Name BELCHER FOUNTAINS CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 1000 BELCHER RD. S. STE 2 LARGO, FL 33771 | Mailing Address 1000 BELCHER RD. S. STE 2 LARGO, FL 33771 US |
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-2870461 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent COOK, DENNIS N 1000 BELCHER RD. S STE. 2 LARGO, FL 33771 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000610319 02/02/07-80040-016 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SOFARELLI, MIKE JR 1000 BELCHER RD. S, STE 1 LARGO, FL 33771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD COOK, DENNIS 1000 BELCHER RD S, STE 2 LARGO, FL 33771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SOFARELLI, BARBARA 1000 BELCHER RD S STE 1 LARGO, FL 33771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KLINE, MARK 2040 NE COACHMAN RD CLEARWATER, FL 33765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **1/26/07** **727-530-0402**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #