

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90074 020 \*\*\*\*61.25

03000001



01122004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N21317</b>					
1. Entity Name THE BELCHER OAKS ASSOCIATION, INC.					
Principal Place of Business 250 N. BELCHER ROAD SUITE 100 CLEARWATER, FL 34625			Mailing Address 250 N. BELCHER ROAD SUITE 100 CLEARWATER, FL 34625		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>33765</b>		Country		Zip <b>33765</b>	
Country		Country			
4. FEI Number 59-2775899				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUNCH, EDGAR J JR 250 N BELCHER RD #100 CLEARWATER, FL 34625			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code <b>33765</b>		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUNCH, EDGAR J JR	NAME			
STREET ADDRESS	250 N BELCHER RD #100	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPENCE, ROBERT B	NAME			
STREET ADDRESS	250 N BELCHER RD #100	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARSTON, R. MICHAL	NAME			
STREET ADDRESS	250 N. BELCHER RD. # 100	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEISSNER, PAUL A.	NAME			
STREET ADDRESS	250 N. BELCHER RD #100	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Edgar J Bunch</i>			Date: <i>1/13/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		