


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N21317
 1. Entity Name
THE BELCHER OAKS ASSOCIATION, INC.



Principal Place of Business 250 N. BELCHER ROAD SUITE 100 CLEARWATER, FL 33765	Mailing Address 250 N. BELCHER ROAD SUITE 100 CLEARWATER, FL 33765
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01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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
**BUNCH, EDGAR J JR
 250 N BELCHER RD #100
 CLEARWATER, FL 34625**

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

00000423984
 02/18/06-80024-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNCH, EDGAR J JR 250 N BELCHER RD #100 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, ROBERT B 250 N BELCHER RD #100 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSTON, R. MICHAL 250 N. BELCHER RD. # 100 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEISSNER, PAUL A. 250 N. BELCHER RD #100 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Edgar J Bunch Jr* **Edgar J Bunch Jr.** **2/2/06** **727-441-6829**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #