


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N21380
 1. Entity Name
LA BELLE TERRE HOMEOWNERS' ASSOCIATION, INC.



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| Principal Place of Business P.O. BOX 30631 PENSACOLA, FL 32504 | Mailing Address P.O. BOX 30631 P.O. BOX 30631 PENSACOLA, FL 32503 US |
|--|---|



04222005 No Chg-NP CR2E037 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-2883073 | 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
 SCHENCK, LUCY
 4790 LAJOLLA
 PENSACOLA, FL 32504

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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 title if applicable (NOTE: Registered Agent signature required when rotating)

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P POMCRANTZ, ROBIN 6541 CHARDONNAY PENSACOLA, FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GROVE, JILL 6523 TERRASANTA PENSACOLA, FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SCHENCK, LUCY 4790 LAJOLLA PENSACOLA, FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLOOM, ROBERT 4730 TERRASANTA PENSACOLA, FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BECKMAN, CONNIE 4700 LAJOLLA PENSACOLA, FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BROCKWELL, E.W. 6511 CHARDONNAY PENSACOLA, FL 32504 |

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 04/25/05-80088-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: Lucy Schenck 4/21/05 850 494-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Decline Phone #