

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21380

FILED
Mar 05, 2009
Secretary of State

Entity Name: LA BELLE TERRE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 30631
PENSACOLA, FL 32504

New Principal Place of Business:

6561 CHARDONNAY
PENSACOLA, FL 32504

Current Mailing Address:

P.O. BOX 30631
P. O. BOX 30631
PENSACOLA, FL 32503 US

New Mailing Address:

P.O. BOX 30631
PENSACOLA, FL 32503 US

FEI Number: 59-2883073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHENCK, LUCY
4790 LAJOLLA
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THREADGILL, WILLIAM
Address: 4691 TERRASANTA
City-St-Zip: PENSACOLA, FL 32504

Title: S () Delete
Name: GROVE, JILL
Address: 6523 TERRASANTA
City-St-Zip: PENSACOLA, FL 32504

Title: T () Delete
Name: SCHENCK, LUCY
Address: 4790 LAJOLLA
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: BLOOM, ROBERT
Address: 4730 HA JOLLA
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: BLOOM, LINDA
Address: 4730 HAJOLLA
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: BARRACHLAUGH, DAVID
Address: 6561 CHARDONNAY
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARRACLOUGH, DAVID
Address: 6561 CHARDONNAY
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COCO, PAMELA
Address: 6521 CHARDONNAY
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY SCHENCK

T

03/05/2009

Electronic Signature of Signing Officer or Director

Date