

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90030 031 ****61.25

DOCUMENT # N23775

1. Entity Name

BELCHER POINT ASSOCIATION, INC.



Principal Place of Business

1831 N. BELCHER ROAD
SUITE G-3
CLEARWATER FL 33765
US

Mailing Address

1831 N. BELCHER ROAD
SUITE G-3
CLEARWATER FL 33765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3000366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRIVACS, JAMES K
1831 N. BELCHER RD. G-3
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DST ☒ Delete
NAME CHESLOCK, ANTHONY
STREET ADDRESS 1831 N. BELCHER ROAD SUITE B-1
CITY-ST-ZIP CLEARWATER FL 33765

TITLE DV ☐ Delete
NAME KRIVACS, JAMES K
STREET ADDRESS 1831 N. BELCHER ROAD, SUITE G-3
CITY-ST-ZIP CLEARWATER FL 33765

TITLE DP ☐ Delete
NAME GRAHAM, PAT
STREET ADDRESS 1001 BUELL AVENUE
CITY-ST-ZIP JOLIET IL 60435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DST ☒ Change ☐ Addition
NAME Dr. Blake Moores
STREET ADDRESS 1831 N. Belcher Road, F-3
CITY-ST-ZIP Clearwater, FL 33765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James K. Krivacs

2/24/06

727/791-7556