## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 23, 2007 8:00 am **Secretary of State** DOCUMENT # N24746 03-23-2007 90007 017 \*\*\*\*61.25 BELAIR PROPERTY OWNERS, INC. Principal Place of Business Mailing Address 850 PARK SHORE DRIVE 850 PARK SHORE DRIVE THIRD FLOOR THIRD FLOOR NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chq-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 59-2882711 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FALK, STEVEN M ESQ 850 PARK SHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) 3RD FLOOR NAPLES, FL 34103 City Zip Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TIT1 F ☐ Change **Addition** TITLE DICK ANDREA 3614 BELAIN LANE NAME KQGAL, LAWRENCE NAME STREET ADDRESS 3610 BELAIR LN STREET ADORESS MAPLES, FL 34103 CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change M Addition VALOSKI, ELAINE A. **DEWALL, SHIRLEY** NAME 3626 BELAN LANE STREET ADDRESS 7600 BELAIR LN STREET ADDRESS MAPLES, FL 74103 NAPLES, FL 34103 CITY-ST-ZIP CITY-ST-ZIP ·PD ☐ Delete TITLE Change ☐ Addition TITLE JALEM, ELIZABETH 7624 BELLIN LAND LEBON, KENNETH NAME NAME 3622 BELAIR LANE STREET ADDRESS STREET ADDRESS NAMES, FLZ4103 CITY-ST-ZIP NAPLES, FL 341033715 CITY-ST-ZIP TITLE VPD Delete ☐ Change ☐ Addition NOVAK, STEPHANIE NAME NAME 7630 BELAIR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP מד Delete TITLE Change Addition TILE SALEM, ELIZABETH STREET ADDRESS 3624 BELAIR LANE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

PRESIDENT KENNETHALLEBON

649-8432

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SIGNATURE:

FILED