2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27384

FILED Jan 30, 2009 Secretary of State

Entity Name: BELLEAIR SANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3210 GULF BLVD. 207

BELLEAIR BEACH, FL 33786

Current Mailing Address: New Mailing Address:

CMC INC 901 N HERCULES AVENUE 4175 EAST BAY STE 205 SUITE A CLEARWATER, FL 33764 CLEARWATER, FL 33765

FEI Number: 59-1685838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMONS, RICHARD P.A.
300 SOUTH DUNCAN AVE
SUITE #220B
CLEARWATER, FL 33755 US

COMMONS, RICHARD P.A.
901 N HERCULES AVENUE
SUITE A
CLEARWATER, FL 33765 US

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: 01/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 FEATHERSLONE, RON
 Name:
 FEATHERSTONE, RON

 Address:
 10226 FALCON TERRACE
 Address:
 10226 FALCON TERRACE

 City-St-Zip:
 SEMINOLE, FL 33778
 SEMINOLE, FL 33778

Title: T () Delete Title: () Change () Addition

 Name:
 PARKER, JANE A
 Name:

 Address:
 600 WOODLAND DRIVE
 Address:

 City-St-Zip:
 PADUCAH, KY 42001
 City-St-Zip:

Title: VPS () Delete Title: () Change () Addition

 Name:
 CONRY, CARÓL
 Name:

 Address:
 3210 GULF BLVD #101
 Address:

 City-St-Zip:
 BELLEAIR BEACH, FL 33786
 City-St-Zip:

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: RICHARD C. COMMONS CPA 01/30/2009