

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N27902** (8)

1. Corporation Name

**BELLEAIR BLUFFS COMMUNITY CENTER, INC.**

Principal Place of Business

**BELLEAIR BLUFFS  
2781 W. BAY DRIVE  
BELLEAIR BLUFFS FL 34640  
US**

Mailing Address

**P.O. BOX 531  
LARGO FL 34649  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**FORD, EDWIN I  
2310 W. BAY DRIVE  
LARGO FL 34640**

3. Date Incorporated or Qualified

**08/16/1988**

4. FEI Number

**59-2916533**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year's Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
FORD, EDWIN I  
2310 W. BAY DRIVE  
LARGO FL**

TITLE ☐ DELETE

**DVP  
ARBUTINE, PATRICIA  
778 N. INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL**

TITLE ☐ DELETE

**PD  
HUBBELL, GERALD B  
499 N. INDIAN ROCKS ROAD  
BELLEAIR BLUFF FL**

TITLE ☐ DELETE

**OT  
CANTER, RICHARD  
2037 CHURCH CREEK PL.  
LARGO FL**

TITLE ☐ DELETE

**DS  
TALACH, MARGARET L.  
2589 SUNNYBREEZE AVE. SW  
LARGO FL**

TITLE ☐ DELETE

**D  
NEALE, WILLIAM D  
708 KNOLLWOOD DR  
LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

2-24-98 813-583-559

CR2E037 (10/97)