

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N32804

1. Entity Name
BELLE ACRES ASSOCIATION, INC.



Principal Place of Business
**4085 DRANCE ST
CHARLOTTE HARBOR, FL 33980**

Mailing Address
**4085 DRANCE ST
CHARLOTTE HARBOR, FL 33980**



03132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0127893

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCAUSLAND, JAMES
4085 DRANCE ST
CHARLOTTE HARBOR, FL 33980**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN00000482993
04/11/06-80097-017 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MCCAUSLAND, JAMES
4085 DRANCE ST
PORT CHARLOTTE, FL 33980**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
HOLICKI, JOHN
4085 DRANCE ST
PORT CHARLOTTE, FL 33980**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIS, LINDA
4085 DRANCE ST
PORT CHARLOTTE, FL 33980**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOHNSTON, ELIZABETH
4093 DRANCE STREET
PORT CHARLOTTE, FL 33980**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Linda G. Willis* Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2006 941-627-0654
Date Daytime Phone #