

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N33049

1. Entity Name
BELLEVUE ISLAND MARINA ASSOCIATION, INC.



Principal Place of Business
**8 BELLVIEW BLVD.
APT 601
BELLEAIR, FL 33756 US**

Mailing Address
**8 BELLVIEW BLVD.
APT 601
BELLEAIR, FL 33756 US**



04052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2964513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OPYRCHAL, JOSEPH
8 BELLVIEW BLVD. #601
BELLEAIR, FL 33756**

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELWOOD, RICHARD L
401 ST. ANDREWS DRIVE
BELLEAIR, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
AHLGREN, BJORN
450 S. GULFVIEW BL/1708S
CLEARWATER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEINBRENNER, MR.
402 ST. ANDREWS DRIVE
BELLEAIR, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OPYRCHAL, JOSEPH
671 EAST ELMWOOD
TROY, MI**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000292399
04/07/05-80070-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #