

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90247 048 \*\*\*\*61.25

**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**

400500



2. Principal Place of Business

**403 St. Andrews Dr.**

3. Mailing Address

**403 St. Andrews Dr.**

03132006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Belleair FL**

City & State

**Belleair FL**

4. FEI Number  
**59-2964513**

Applied For  
Not Applicable

Zip

**33756**

Country

**Pinellas**

Zip

**33756**

Country

**Pinellas**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Joseph Opyrchal**

Street Address (P.O. Box Number is Not Acceptable)  
**403 St. Andrews Dr.**

City **Belleair**

**FL**

Zip Code  
**33756**

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 **JOSEPH OPYRCHAL**

**JOSEPH OPYRCHAL**

**3/22/06**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ELWOOD, RICHARD L	
STREET ADDRESS	401 ST. ANDREWS DRIVE	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AHLGREN, BJORN	
STREET ADDRESS	450 S. GULFVIEW BL/1708S	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBRENNER, MR.	
STREET ADDRESS	402 ST. ANDREWS DRIVE	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	OPYRCHAL, JOSEPH	
STREET ADDRESS	671 EAST ELMWOOD	
CITY-ST-ZIP	TROY, MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>403 St. Andrews Dr.</b>
CITY-ST-ZIP	<b>Belleair FL 33756</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **JOSEPH OPYRCHAL** **3/22/06** **248-214-4100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #