2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

Pd CK 4609
3/18/08
$ 61.25

DOCUMENT # N33049

1. Entity Name
BELLEVIEW ISLAND MARINA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
403 ST. ANDREWS DR. BELLEAIR, FL 33756 US	403 ST. ANDREWS DR. BELLEAIR, FL 33756 US

02222008 No Chg-NP CR2E037 (4/06)

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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
403 ST. ANDREWS DR
BELLEAIR, FL 33756

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELWOOD, RICHARD L
STREET ADDRESS	401 ST. ANDREWS DRIVE
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	VD
NAME	AHLGREN, BJORN
STREET ADDRESS	450 S. GULFVIEW BL/1708S
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	HANLEY, JOAN
STREET ADDRESS	402 ST. ANDREWS DRIVE
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	D
NAME	OPYRCHAL, JOSEPH
STREET ADDRESS	403 ST. ANDREWS DR
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/08-80090-003 61.25

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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 3/5/08 248-214-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #