

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33089

FILED  
Jan 20, 2007  
Secretary of State

**Entity Name:** BELAIR BAYOU HOMEOWNERS' ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 14747  
BRADENTON, FL 34280 US

**New Principal Place of Business:**

6312 2ND AVE. NW  
BRADENTON, FL 34209 US

**Current Mailing Address:**

P.O. BOX 14747  
BRADENTON, FL 34280 US

**New Mailing Address:**

**FEI Number:** 65-0154995      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHMIDT, CAROLE  
6312 2ND AVE NW  
BRADENTON, FL 34209 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHMIDT, CAROLW  
Address: 6312 2ND AVE NW  
City-St-Zip: BRADENTON, FL 34209

Title: VD ( ) Delete  
Name: KNOPPEL, CHUCK  
Address: 6316 3RD AVE NW  
City-St-Zip: BRADENTON, FL 34209

Title: TS ( ) Delete  
Name: MOORE, FRED  
Address: 6315 4TH AVE NW  
City-St-Zip: BRADENTON, FL 34209

Title: S (X) Delete  
Name: DIXON, KELLY  
Address: 203 63 STREET NW  
City-St-Zip: BRADENTON, FL 34209

Title: D (X) Delete  
Name: ANTONAS, NICHOLAS G  
Address: 303-63 STREET NW  
City-St-Zip: BRADENTON, FL 34209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCHMIDT, CAROLE  
Address: 6312 2ND AVE NW  
City-St-Zip: BRADENTON, FL 34209

Title: VP (X) Change ( ) Addition  
Name: LONZO, SUSAN  
Address: 403 63RD STREET NW  
City-St-Zip: BRADENTON, FL 34209

Title: TS (X) Change ( ) Addition  
Name: DENTON, LAURIE  
Address: 6308 4TH AVE. NW  
City-St-Zip: BRADENTON, FL 34209

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE SCHMIDT

P

01/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date