


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N34503 1. Entity Name BELEAIR BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business
**2760 GULF BLVD.
BELLAIR BEACH, FL 34635 US**

Mailing Address
**2303 NORTH "A" ST.
TAMPA, FL 33609 US**



01072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3034922	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOMBARDIA, BRAULIO
C/O 2303 NORTH "A" ST
TAMPA, FL 33609**

**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**

**1100000533981
05/06/06-80143-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAGSMA, PAUL 150 MCMILLIAN BOOTH ROAD CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TODD, WILLIAM L. 3608 EMPODRADO TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOMBARDIA, BRAULIO J 1812 ST. ISABEL TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, STEVE 2402 SILVER FOREST LANE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARNELL, CINDY 4522 S FERNCROFT CIR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRCLOTH, KATHERINE 2406 DUNDEE TAMPA, FL 33609

**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:

B. J. Lombardia **B. J. Lombardia** **4/19/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #