

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34503

FILED
May 01, 2008
Secretary of State

Entity Name: BELEAIR BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2760 GULF BLVD.
BELLAIR BEACH, FL 34635 US

New Principal Place of Business:

Current Mailing Address:

2303 NORTH
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3034922 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOMBARDIA, BRAULIO
C/O 2303 NORTH
TAMPA, FL 33609 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: D () Delete
Name: HAAGSMA, PAUL
Address: 150 MCMILLIAN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33757 US

Title: PD () Delete
Name: TODD, WILLIAM L,
Address: 3608 EMPODRADO
City-St-Zip: TAMPA, FL 33629 US

Title: VD () Delete
Name: LOMBARDIA, BRAULIO J
Address: 1812 ST. ISABEL
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: COLEMAN, STEVE
Address: 2402 SILVER FOREST LANE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: DARNELL, CINDY
Address: 4522 S FERNOCROFT CIR
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: FAIRCLOTH, KATHERINE
Address: 2406 DUNDEE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: PAUL HAAGSMA

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date