2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N34503

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 ( )**

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 FERNCROFT 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:	PD	(X) Change ( ) Addition
Name:	WILLIAM, TODD L	
Address:	3608 EMPODRADO	
City-St-Zip:	TAMPA, FL 33629 US	
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
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 HAASGMA D 04/30/2009

Electronic Signature of Signing Officer or Director — Date