

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36685

FILED
Apr 16, 2009
Secretary of State

Entity Name: BEL AIRE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MIAMI MANAGEMENT
1145 JAWGRASS CORP. PKWY
SUNRISE, FL 33323 US

New Principal Place of Business:

MIAMI MANAGEMENT
1145 SAWGRASS CORP. PKWY
SUNRISE, FL 33323 US

Current Mailing Address:

MIAMI MANAGEMENT
1145 JAWGRASS CORP. PKWY
SUNRISE, FL 33323 US

New Mailing Address:

MIAMI MANAGEMENT
1145 SAWGRASS CORP. PKWY
SUNRISE, FL 33323 US

FEI Number: 65-0415099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & ELCHNER, P.A.
150 SOUTH PINE ISLAND RD
SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

TUCKER @ TIGHE, PA
800 EAST BROWARD BLVD.
SUITE 710
PLANTATION, FL 33301 US

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: TOM TIGHE

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHELLEY, BEATRICE
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VPD () Delete
Name: GONZALEZ, LINDA
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: APONTE, VICTOR
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: TD () Delete
Name: MESTRE, FRANK
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: SD () Delete
Name: ALPER, NEAL
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: QUIRAS, SHAWNE
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALPER, NEAL
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VPD (X) Change () Addition
Name: SHELLEY, BEATRICE
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

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

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

Title: SD (X) Change () Addition
Name: GONZALEZ, LINDA
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Change () Addition
Name: QUIROS, SHAWNE
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

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: NEAL ALPER

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date