

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36685

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** BEL AIRE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0415099      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TUCKER @ TIGHE, PA  
800 EAST BROWARD BLVD.  
SUITE 710  
PLANTATION, FL 33301 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: PD  
Name: ALPER, NEAL  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: VPD  
Name: SHELLEY, BEATRICE  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: SUNRISE, FL 33323

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

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

Title: SD  
Name: GONZALEZ, LINDA  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: D  
Name: QUIROS, SHAWNE  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: NEAL ALPER

PD

03/10/2010

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

\_\_\_\_\_  
Date