

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90046 005 ****61.25

DOCUMENT # N36769

1. Entity Name

BEL LIDO VILLAS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

**1124 HIGHLAND BEACH DRIVE
HIGHLAND BEACH FL 33487**

Mailing Address

**1124 HIGHLAND BEACH DRIVE
HIGHLAND BEACH FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0255687

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MENDELSON, RICHARD N.
1124 HIGHLAND BEACH DRIVE, #1
HIGHLAND BEACH FL 33487****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE ☐ Delete**PD
MOODY, JUANITA
1124 HIGHLAND BCH DR. #2
HIGHLAND BEACH FL**TITLE ☐ Delete**VD
MORRIS, HENRY
1124 HIGHLAND BCH DR. #3
HIGHLAND BEACH FL**TITLE ☐ Delete**TD
MENDELSON, RICHARD
1124 HIGHLAND BCH DR. #1
HIGHLAND BEACH FL**TITLE ☐ Delete**S
MORRIS, JANET
1124 HIGHLAND BEACH DR #3
HIGHLAND BEACH FL**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP**11.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)