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FILED

May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42694 (2)

1. Corporation Name

BEL-AIR STARS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

401 OAK FORD RD.
SARASOTA FL 34240401 OAK FORD RD.
SARASOTA FL 34240-87583. Date Incorporated or Qualified
03/25/19913a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 639 OAK FORD RD

26 639 OAK FORD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 34240 -
8784

Country

28 Zip 34240 -
8784

Country

4. FEI Number

65-0273913

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUDD STEVEN H. ESQ.
2940 S. TAMiami TRAIL
SARASOTA FL 34239

81 Name RODNEY P. THOMSON

82 Street Address (P.O. Box Number is Not Acceptable)
639 OAK FORD RD

83

84 City SARASOTA

FL

85 34240 -
8784

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

RODNEY P. THOMSON

(NOTE: Registered Agent signature required when reinstating)

5/26/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME W. ROBERT LAROE
STREET ADDRESS 401 OAK FORD RD.
CITY-ST-ZIP SARASOTA FL 342401.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME THOMSON RODNEY P.
STREET ADDRESS 639 OAK FORD RD.
CITY-ST-ZIP SARASOTA FL 342402.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME D.W. TRUELOVE
STREET ADDRESS 527 OAK FORD RD.
CITY-ST-ZIP SARASOTA FL 342403.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME Perry Van Fleet
STREET ADDRESS 4545 Aradale ST
CITY-ST-ZIP Sarasota, FL 342324.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME Shelley Freeman
STREET ADDRESS 549 Oak Ford Rd
CITY-ST-ZIP Sarasota, FL 342405.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (X)

Signature and typed or printed name of signing officer or director

RODNEY P. THOMSON (X) 5/26/97 (941) 957-5199

Date

Daytime Phone # 0063604

CR2E037 (9/96)