

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 31 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N42694

1. Corporation Name

BEL-AIR STARS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

639 OAK FORD RD.  
SARASOTA FL 34240-8784  
US

Mailing Address

639 OAK FORD RD.  
SARASOTA FL 34240-8784  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/25/1991

4. FEI Number

65-0273913

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

THOMSON, RODNEY P  
639 OAK FORD RD.  
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81 Name

Pamela J Haas

82

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

83

347 Oakford Rd.

84

City Sarasota

FL

85

Zip Code

34240

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

*Pamela J Haas*

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

(NOTE: Registered Agent signature required when reinstating)

10-26-00

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VAN FLEET, PERRY	
STREET ADDRESS	4545 ARDALE ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THOMSON RODNEY P.	
STREET ADDRESS	639 OAK FORD RD.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, SHELLEY	
STREET ADDRESS	549 OAK FORD RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wesley Robert LaRoe	
1.3 STREET ADDRESS	401 Oakford Rd.	
1.4 CITY-ST-ZIP	Sarasota, FL. 34240	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pamela J Haas	
2.3 STREET ADDRESS	347 Oakford Rd.	
2.4 CITY-ST-ZIP	Sarasota, FL. 34240	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jenny Baum	
3.3 STREET ADDRESS	333 Oakford Rd.	
3.4 CITY-ST-ZIP	Sarasota, FL. 34240	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-11/17/00--01074--005  
\*\*\*\*297.50 \*\*\*\*297.50

REINSTATEMENT 99-00 T8

14. 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 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, with all other like empowered.

SIGNATURE:

*Pamela J Haas* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-00

Date

941-342-8295

Daytime Phone #