



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90015 006 \*\*\*\*61.25

<b>DOCUMENT # N48103</b> 1. Entity Name BELLE TIMBRE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 910 BELLE TIMBRE AVENUE BRANDON, FL 33511 US				Mailing Address PO BOX 2919 BRANDON, FL 33509 US	
2. Principal Place of Business - No P.O. Box # <b>803 Belle Timbre Ave</b>		3. Mailing Address <b>P.O. Box 6403</b>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____		01242008 Chg-NP CR2E037 (12/06)	
City & State <b>Brandon, FL</b>		City & State <b>Brandon, FL</b>		4. FEI Number NOT APPLICABLE	
Zip <b>33511</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  ALFONSO, DENNIS J 37908 CHURCH AVENUE DADE CITY, FL 33525				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATERS, NANCY 803 BELLE TIMBRE AVE BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Secretary Mary Boor 809 J Belle Timbre Ave BRANDON, FL 33511	<input checked="" type="checkbox"/> Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKEPPLE, CHERYL 502 BELLE TIMBRE AVE. BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Garth Jones 805 Belle Timbre Ave BRANDON, FL 33511	<input checked="" type="checkbox"/> Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFONSO, JULIE 807 BELLE TIMBRE AVE. BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Little Sr. 906 Belle Timbre Ave BRANDON, FL 33511	<input checked="" type="checkbox"/> Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, BARRY 806 BELLE TIMBRE AVE BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheri Zugay, Director 2903 Timbre Fair PL BRANDON, FL 33511	<input checked="" type="checkbox"/> Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTON, GREGORY 2804 TIMBRE SMOALS PLACE BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Linda Leigh Tr. 907 Belle Timbre Ave BRANDON, FL 33511	<input checked="" type="checkbox"/> Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LITTLE, RICHARD 2901 TIMBRE FAIR PL BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Goodman 803 Belle Timbre Ave BRANDON, FL 33511	<input checked="" type="checkbox"/> Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: Robert A. Goodman</b> <i>Robert A. Goodman</i> 1/25/08 (613) 662-2413					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					