2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N93000003136

Entity Name: BEL-AIR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 660555
MIAMI SPRINGS, FL 33266 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 660555
MIAMI SPRINGS, FL 33266 US

New Mailing Address:

FEI Number: 65-0447927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

XIOMARA, PINTOS
12335 N.W. 98 AVENUE
HIALEAH GARDENS, FL 33016 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: DP ( ) Delete
Name: RAUL, CARAZA
Address: 9712 NW 122 TERRACE
City-St-Zip: HIALEAH, FL 33018

Title: VP/D ( ) Delete
Name: JIMENEZ, JULIAN
Address: 12345 NW 97 CT
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: S/D ( ) Delete
Name: AGUILERA, FRANCISCA
Address: 9846 NW 122 TERRACE
City-St-Zip: HIALEAH, FL 33018

Title: T/D ( ) Delete
Name: WILLIAMS, BARBARA
Address: 9799 NW 122 TERRACE
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RAUL CARAZA PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date