

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90062 015 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000003136

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



Principal Place of Business
PO BOX 660555
MIAMI SPRINGS, FL 33266 US

Mailing Address
PO BOX 660555
MIAMI SPRINGS, FL 33266 US

40029712



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

ALLIED PROPERTY GROUP, INC.
12350 N.W. 122 CT
MIAMI, FL 33018

ALLIED PROPERTY GROUP, INC.
12350 N.W. 122 CT
MIAMI, FL 33018

72007 Chg NP CR2E037 (12/06)

4. FEI Number
65-0447927
Applied For
Not Applicable

5. Certificate Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

XIOMARA, PINTOS
12335 N.W. 98 AVENUE
HIALEAH GARDENS, FL 33016

Name

Street Address (P.O. Box Number is acceptable)

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

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

(Not Registered Agent signature required when reinstating)

DATE

Filing Fee is **\$61.25**
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
DP	RAUL, CARAZA	9712 NW 122 TERRACE	HIALEAH, FL 33018	☐
VP/D	JIMENEZ, JULIAN	12345 NW 97 CT	HIALEAH GARDENS, FL 33018	☒
S/D	AGUILERA, FRANCISCA	9846 NW 122 TERRACE	HIALEAH, FL 33018	☒
T/D	WILLIAMS, BARBARA	9799 NW 122 TERRACE	HIALEAH, FL 33018	☒
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☒ Addition
VP	Jo Ann Suarez	9759 NW 123 Terrace	Hialeah Gardens, FL 33018	☐	☒
S/D	Carlos Sanchez	12372 NW 98 CT	HIALEAH GARDENS FL 33018	☐	☒
				☐	☐
				☐	☐

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 and that I am duly empowered to execute this report as required by Chapter 617, Florida Statutes, and that my signature shall have the same legal effect as if made under oath.