## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003136

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

**FILED** Apr 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
AILLED PROPERTY COMPANY INC.	AILLED PROPERTY GROUP INC.
12350 SW 98 CT.	12350 SW 132 CT. STE 114
HIALEAH, FL 33018 US	MIAMI. FL 33186 US

**Current Mailing Address: New Mailing Address:** 

AILLED PROPERTY COMPANY INC. AILLED PROPERTY GROUP INC. 12350 SW 98 CT. 12350 SW 132 CT STE 114 HIALEAH, FL 33018 US MIAMI, FL 33186

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

XIOMARA, PINTOS EISINGER BROWN KRUT LEWIS PA 12335 N.W. 98 AVENUE 4000 HOLLYWOOD BLVD STE 265S HIALEAH GARDENS, FL 33016 HOLLYWOOD, FL 33021 US

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: DENNIS EISINGER ESQ 04/29/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

HIALEAH, FL 33018

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete () Change () Addition RAUL, CARAZA Name: Name: 9712 NW 122 TERRACE Address: Address: City-St-Zip: HIALEAH, FL 33018 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SANCHEZ, JOANN Name: SUAREZ, JOANN Name: Address: 9758 NW 123 TER. Address: 9758 NW 123 TER. City-St-Zip: HIALEAH, FL 33018 City-St-Zip: HIALEAH, FL 33018 Title: () Delete Title: SD (X) Change ( ) Addition SANCHEZ, CARLOS LABRADA, YANET Name: Name: 12383 NW 97 CT Address: 12372 NE 98 CT. Address:

Title: () Delete Title: ( ) Change (X) Addition ZACKERY, WILLIAM Name: Name:

City-St-Zip:

HIALEAH, FL 33018

9899 NW 123 ST Address: Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 04/29/2008