## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003136

ZACKERY, WILLIAM

HIALEAH, FL 33018

9899 NW 123 ST

Name:

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** AILLED PROPERTY GROUP INC. 12350 SW 132 CT. STE 114 MIAMI, FL 33186 **New Mailing Address: Current Mailing Address:** AILLED PROPERTY GROUP INC. 12350 SW 132 CT STE 114 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: EISINGER BROWN KRUT LEWIS PA 4000 HOLLYWOOD BLVD STE 265S HOLLYWOOD, FL 33021 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () 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: SD (X) Change ( ) Addition SUAREZ, 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: (X) Change ( ) Addition LABRADA, YANET LABRADA, YANET Name: Name: 12383 NW 97 CT Address: Address: 12383 NW 97 CT City-St-Zip: HIALEAH, FL 33018 City-St-Zip: HIALEAH, FL 33018 Title: TD ( ) Delete Title: VPD (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

ZACKERY, WILLIAM

HIALEAH, FL 33018

9899 NW 123 ST

SIGNATURE: RAUL CARAZA PD 03/20/2009