

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90014 027 \*\*\*\*61.25

**DOCUMENT # N93000003903**

1. Entity Name

**BELLERIVE AT FOX HOLLOW HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**2189 CLEVELAND STREET, STE 225  
CLEARWATER FL 33765  
US**

Mailing Address

**2189 CLEVELAND STREET, STE 225  
CLEARWATER FL 33765  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3202562**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LENNARD, LEIGHTON A  
2189 CLEVELAND ST STE 225  
CLEARWATER FL 33765**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 PD ☐ Delete  
NAME FERNANDEZ, JOHN  
STREET ADDRESS 8929 GARNER CT  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE TD ☐ Delete  
NAME SALVATI, ANTHONY  
STREET ADDRESS 9027 CALLAWAY DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE VD ☐ Delete  
NAME STOCKER, DONALD  
STREET ADDRESS 1103 FORESTER CT  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D ☒ Delete  
NAME WERNER, TERRY  
STREET ADDRESS 9003 BEL MEADOW WAY  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE SD ☐ Delete  
NAME HENZEL, HARRY  
STREET ADDRESS 8924 GARNER CT  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME Marie Golfberg  
STREET ADDRESS 8835 Bel Meadow Way  
CITY-ST-ZIP New Port Richey, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*John Fernandez*  
President

3/4/06

(813) 969.3033