

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

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**



01282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000886154
04/18/08-80044-005 61.25

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D
NAME GOLFBERG, MARIE
STREET ADDRESS 8835 BEL MEADOW WY
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08

Date

Daytime Phone #