

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003903

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** BELLERIVE AT FOX HOLLOW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2189 CLEVELAND STREET, STE 225  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765 US

**Current Mailing Address:**

2189 CLEVELAND STREET, STE 225  
CLEARWATER, FL 33765 US

**New Mailing Address:**

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765 US

**FEI Number:** 59-3202562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

LENNARD, LEIGHTON A  
2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765 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: LENNARD A. LEIGHTON

03/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FERNANDEZ, JOHN  
Address: 8929 GARNER CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD ( ) Delete  
Name: SALVATI, ANTHONY  
Address: 9027 CALLAWAY DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD ( ) Delete  
Name: STOCKER, DONALD  
Address: 1103 FORESTER CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: GOLDBERG, MARIE  
Address: 8835 BEL MEADOW WY  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD ( ) Delete  
Name: HENZEL, HARRY  
Address: 8924 GARNER CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN FERNANDEZ

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date