FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:29

DOCUMENT # N94000005319 (8)

1. Corporation Name
BELMONT WOODS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
620 SOUTH MAIN ST. LABELLE FL 33935	620 SOUTH MAIN ST. LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report:
4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	P.O. Box 2165	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	LaBelle	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29	33935 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMPSON, KEVIN M 23 GREENWOOD AVE. LEHIGH ACRES FL 33936	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	NOBLES, LEWIS J III	12 NAME	
STREET ADDRESS	598 FORT THOMPSON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	14 CITY-ST-ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	NOBLES, LEWIS J JR.	22 NAME	
STREET ADDRESS	620 FORT THOMPSON AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	MURRAH, G. DAVID	32 NAME	
STREET ADDRESS	700 FORT THOMPSON AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☑ Change ☐ Addition
NAME	THOMPSON, KEVIN M	42 NAME	
STREET ADDRESS	23 GREENWOOD AVE.	43 STREET ADDRESS	1805 Fort Denaud Road
CITY-ST-ZIP	LEHIGH ACRES FL 33936	44 CITY-ST-ZIP	LaBelle FL 33935
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin M Thompson — 4-13-95 — 813 675-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060416