

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000005319 (8)**

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



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

Mailing Address  
**P O BOX 2165  
LABELLE E 33935  
US**

3. Date Incorporated or Qualified **10/26/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0581759</b>		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

**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**

<b>B1</b>	Name
<b>B2</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>	
<b>B4</b>	City
<b>B5</b>	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOBLES, LEWIS J III</b>	1.2 NAME	
STREET ADDRESS	<b>598 FORT THOMPSON AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LABELLE FL 33935</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOBLES, LEWIS J JR.</b>	2.2 NAME	
STREET ADDRESS	<b>620 FORT THOMPSON AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LABELLE FL 33935</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAH, G. DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>700 FORT THOMPSON AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LABELLE FL 33935</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, KEVIN M</b>	4.2 NAME	
STREET ADDRESS	<b>1805 FORT DENAUD RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LABELLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.1.96  
Date

9416756699  
Daytime Phone #

CFR2E037 (12/95)