2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005319

FILED Feb 26, 2002 8:00 AM Secretary of State

Entity Name: BELMONT WOODS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		nce of Business:	New Principal Place of Business:	
	N STREET			
STE #2 ABFLLE	FL 33935			
			Name Billion of Address	
urrent iv	failing Add	ress:	New Mailing Addres	SS:
O BOX 2 ABELLE,	2165 E 33935	US		
El Number	: 65-0581759	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address o	f Current Registered Agent:	Name and Address of	of New Registered Agent:
20 FT. Ťŀ	JR., LEWIS HOMPSON /			
ABELLE,	1 L 33333	00		
			e purpose of changing its registere	ed office or registered agent, or both,
he above the State	e named enti e of Florida.		e purpose of changing its registere	ed office or registered agent, or both,
he above the State	e named enti e of Florida. RE:			ed office or registered agent, or both, Date
The above in the State	e named enti e of Florida. RE:	ty submits this statement for the	gent	
he above the State GIGNATUI DFFICER itte: lame: ddress:	e named enti e of Florida. RE:Elect S AND DIRI DP NOBLES, LE	ty submits this statement for the ronic Signature of Registered A ECTORS: () Delete EWIS J III HOMPSON AVE.	gent	Date
The above in the State	e named enti e of Florida. RE:	ty submits this statement for the ronic Signature of Registered A ECTORS: () Delete EWIS J III HOMPSON AVE. 1 33935 () Delete EWIS J JR. HOMPSON AVE.	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEWIS J. NOBLES, JR. DST 02/26/2002