

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000237

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** BELLE RIVE UNIT 4 HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6175 CHAMBORE DRIVE NORTH  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 551073  
JACKSONVILLE, FL 322551073 US

**New Mailing Address:**

**FEI Number:** 59-3293001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HYBBENETH, CHARLENE SD  
6175 CHAMBORE DRIVE NORTH  
JACKSONVILLE, FL 32256 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** PRICE, JAMES  
**Address:** 8820 CHAMBORE DR  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** VD  
**Name:** WATKINS, SCOTT  
**Address:** 8829 CHAMBORE DR  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** SD  
**Name:** HYBBENETH, CHARLENE  
**Address:** 6175 CHAMBORE DR N  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** TD  
**Name:** SMARSLOK, KATHERINE  
**Address:** 6168 CHAMBORE DR N  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** D  
**Name:** MILLER, BERTHA  
**Address:** 8809 CHAMBORE DR  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** D  
**Name:** SVENDSEN, STEWART  
**Address:** 6147 ALPENROSE AVE  
**City-St-Zip:** JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

**SIGNATURE:** CHARLENE HYBBENETH

SD

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date