2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# N95000001365

Entity Name: BELLEAIR BLUFFS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

2747 SUNSET BLVD
BELLEAIR BLUFFS, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

2747 SUNSET BLVD
BELLEAIR BLUFFS, FL 33770 US

New Mailing Address:

FEI Number: 59-3345117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMANUS, MARY
79 OVERBROOK BLVD STE 2
LARGO, FL 33770 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: PRES ( ) Delete
Name: FERRARA, PETER
Address: 100 BLUFFS VIEW DRIVE #115C
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: VP (X) Delete
Name: MARINO, WENDY
Address: 215 VALENCIA BLVD. #304
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: SEC ( ) Delete
Name: ARBUTINE, PAT
Address: 784 CORTEZ AVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: TRES ( ) Delete
Name: PEREZ, ROBERT
Address: 701 BLUFFS VIEW DRIVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WENDY, MARINO
Address: 215 VALENCIA BLVD. #304
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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 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: PAT ARBUTINE SECY 03/21/2007

Electronic Signature of Signing Officer or Director — Date