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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90261 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005992

1. Corporation Name

HOMEOWNERS' ASSOCIATION OF BELLE CHASE SUBDIVISION, INC.

538882 - 90261 - 50

Principal Place of Business

730 28TH AVE E
BRADENTON FL 34208
US

Mailing Address

730 28TH AVE E
BRADENTON FL 34208
US



2. Principal Place of Business 21 724 28th Ave E. Suite, Apt. #, etc. 22 City & State 23 Bradenton FL. Zip Country 24 34208 25 US	2a. Mailing Address 26 724 28th Ave E. Suite, Apt. #, etc. 27 City & State 28 Bradenton, FL. Zip Country 29 34208 30 US	3. Date Incorporated or Qualified 12/21/1995 4. FEI Number 65-0764416 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

JACKSON, VERA
730 28TH AVE E
BRADENTON FL 34208

10. Name and Address of New Registered Agent

81 Name Sherman Watkins
82 Street Address (P.O. Box Number is Not Acceptable)
724 28th Ave E.
83
84 City Bradenton FL 85 Zip Code 34208

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 *Sherman Watkins*

4-5-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JACKSON, VERA	1.2 NAME	Sherman Watkins
STREET ADDRESS	730 28TH AVE E	1.3 STREET ADDRESS	724 28th Ave E
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL 34208
TITLE	SD	2.1 TITLE	
NAME	THOMPSON, KATHLEEN	2.2 NAME	
STREET ADDRESS	2909 7TH ST E	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	CORNETT, AARON	3.2 NAME	Math Svengy
STREET ADDRESS	2909 7TH ST E	3.3 STREET ADDRESS	810 28th Ave E
CITY-ST-ZIP	BRADENTON FL 34208	3.4 CITY-ST-ZIP	Bradenton, FL 34208
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Yolanda Pompey
STREET ADDRESS		4.3 STREET ADDRESS	2915 7th St E
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bradenton, FL 34208
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE *Sherman Watkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

743-7678

CR2E037 (11/98)