

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90340 009 ****61.25

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1. Entity Name

BEVERLY HILLS COMMUNITY COUNCIL, INC.



Principal Place of Business

**B.H. COMMUNITY BLDG
CIVIC CIRCLE
BEVERLY HILLS FL 34465**

Mailing Address

**B.H. COMMUNITY COUNCIL
1 CIVIC CIRCLE
BEVERLY HILLS FL 34465**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**KATHLEEN MANSMANN
3580 N. WILLOW TREE PT.
BEVERLY HILLS, FL 34465**

1st MOORE

CR2E037 (10/07)

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANSMANN, KATHLEEN
3580 N WILLOWTREE PT
BEVERLY HILLS FL 34465**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kathleen Mansmann

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

(NOTE: Registered Agent signature required when reinstating)

4/15/08
DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **S VOLLMER, DOUGLAS**
STREET ADDRESS **4124 DAVIS ST**
CITY - ST - ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Delete
NAME **C COLBERT, MIKE**
STREET ADDRESS **4759 N. CRESTLINE DRIVE**
CITY - ST - ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Delete
NAME **D. MANSMANN, KATHLEEN**
STREET ADDRESS **3580 N WILLOWTREE PT**
CITY - ST - ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Delete
NAME **D OSTERHOUDT, DONALD**
STREET ADDRESS **4622 N. JADEMOOR DRIVE**
CITY - ST - ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Delete
NAME **D PETERSON, PETE**
STREET ADDRESS **882 COLBERT CT**
CITY - ST - ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Olsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Pay Line Phone #

4-15-08