2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N96000003414

Entity Name: BEL-AIR ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOHN PARMENTAR
5317 FRUITVILLE RD. #102
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

C/O JOHN PARMENTAR
5317 FRUITVILLE RD., #102
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 65-0680509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDER WULP, SHARON S ESQ.
227 NOKOMIS AVE S.
VENICE, FL 34285 US

Name and Address of New Registered Agent:

VANDER WULP, SHARON S ESQ.
712 SHAMROCK BLVD.
VENICE, FL 34293 US

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: SHARON S. VANDER WULP 02/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PARMENTAR, JOHN
Address: 1518 BEL AIR STAR PKWY
City-St-Zip: SARASOTA, FL 34240

Title: SD ( ) Delete
Name: DONAHUE, LISA
Address: 825 BEL AIR STAR PKWY
City-St-Zip: SARASOTA, FL 34240

Title: TD ( ) Delete
Name: HINKEL, SALLY
Address: 803 BEL AIR STAR PKWY
City-St-Zip: SARASOTA, FL 34240 US

Title: VP ( ) Delete
Name: HALL, KEN
Address: 5001 BLISS RD.
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete
Name: SLENTZ, ANN
Address: 2032 BEL AIR STAR PARKWAY
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: JOHN PARMENTAR PD 02/06/2009
Electronic Signature of Signing Officer or Director Date