


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90019 008 \*\*\*\*61.25

<b>DOCUMENT # N96000005801</b> 1. Entity Name <b>BELLE GLEN HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>5602 GLENCREST BLVD TAMPA, FL 33625</b>				Mailing Address <b>5602 GLENCREST BLVD TAMPA, FL 33625</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>PAYNE, GARY</del> <del>5602 GLENCREST BLVD</del> <del>TAMPA, FL 33625</del>				Name <b>Mrs. Lisa San Martin</b> Street Address (P.O. Box Number is Not Acceptable) <b>5602 Glencrest Blvd</b> City <b>TAMPA</b> FL <b>33625</b>	
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 <i>Lisa San Martin</i> DATE <b>7/11/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PAYNE, GARY</b> <b>5602 GLENCREST BLVD</b> <b>TAMPA, FL 33625</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mrs. Lisa San Martin</b> <b>5627 Glencrest Blvd.</b> <b>Tampa, FL 33625</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COMMONS, LINDA</b> <b>5602 GLENCREST BLVD</b> <b>TAMPA, FL 33625</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BIERBRIER, STAN</b> <b>5637 GLENCREST</b> <b>TAMPA, FL 33625</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mr. Frank Balkum</b> <b>5613 Macallan</b> <b>Tampa, FL 33625</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GOBIN, LOUIS</b> <b>5602 GLENCREST BLVD</b> <b>TAMPA, FL 33625</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ms Judy Dolan</b> <b>5649 Glencrest Blvd.</b> <b>Tampa, FL 33625</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>FORESTEL, RYAN</b> <b>5602 GLENCREST BLVD</b> <b>TAMPA, FL 33625</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WARNER, JAMES</b> <b>5605 MAC ALLAN</b> <b>TAMPA, FL 33625</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>James F. Warner</i>		7/11/2006		813-969-4149	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					