## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 16, 2007 8:00 am Secretary of State

03-16-2007 90032 037 \*\*\*\*61.25

DOCUMENT	# N9600005801

1. Entity Name BELLE GLEN HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address 5602 GLENCREST BLVD 5602 GLENCREST BLVD TAMPA, FL 33625 TAMPA, FL 33625				60024	534				
Principal Place of Business - No P.O. Box #									
Suite, Apt. #, etc. Suite, Apt. #, etc.			(	02052007 Ch	g-NP	CR2E037	(12/06)		
City & State City & State		City & State			. FEI Number 59-3434734	1			plied For ot Applicable
Zip	Country	Zip	Country	5	. Certificate of Sta	tus Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent		7.	. Name and Addr	ess of New Re			
24445			Name	•					
SAN MARTIN, LISA 5602 GLENCREST BLVD TAMPA, FL 33625			Street A	ddress (P.O	. Box Number is N	ot Acceptable)			
170011 74, 1	2 00020								
			City				FL	Zip Code	ө
	named entity submits this statement for	or the purpose of changing its re	egistered office o	r registered :	agent, or both, in t	he State of Flori	ida. I am fa	miliar with,	and accept
ine obliga	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signat	lure required whe	n reinstating)		DATE		
	FIU F I- \$64.25	9 Flection Camp	saigo Eiganoino		- 00	u.	ka abaak	navable t	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co			5.00 May Be Ided to Fees		ke check la Departr		
10.	Due by May 1, 2007 OFFICERS AND DI	Trust Fund Co		∐ Ad		Florid	la Departr	ment of St	ate
TITLE	OFFICERS AND DI	Trust Fund Co	ntribution.  11.  TITLE	∐ Ad	ded to Fees	Florid	<b>ia Departr</b> S AND DIRI	ment of St	ate
TITLE NAME	OFFICERS AND DIE PD SAN MARTIN, LISA	Trust Fund Co	ntribution.  11.  TITLE  NAME	∐ Ad	ded to Fees	Florid	<b>ia Departr</b> S AND DIRI	ment of SI	ate 10
TITLE NAME STREET ADDRESS	Due by May 1, 2007  OFFICERS AND DIE PD SAN MARTIN, LISA 5627 GLENCREST BLVD	Trust Fund Co	11. TITLE NAME STREET ADDRESS	∐ Ad	ded to Fees	Florid	<b>ia Departr</b> S AND DIRI	ment of SI	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007  OFFICERS AND DIE PD SAN MARTIN, LISA 5627 GLENCREST BLVD TAMPA, FL 33625	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADC	ided to Fees	Florid	ia Departr S AND DIRI	ment of St ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007  OFFICERS AND DIE PD SAN MARTIN, LISA 5627 GLENCREST BLVD TAMPA, FL 33625	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADC	ided to Fees	Florid	ia Departr S AND DIRI	ment of SI	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007  OFFICERS AND DIE PD SAN MARTIN, LISA 5627 GLENCREST BLVD TAMPA, FL 33625	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADC	ided to Fees	Florid	ia Departr S AND DIRI	ment of St ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007  OFFICERS AND DIE PD SAN MARTIN, LISA 5627 GLENCREST BLVD TAMPA, FL 33625  S COMMONS, LINDA	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADC	ided to Fees	Florid	ia Departr S AND DIRI	ment of St ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007  OFFICERS AND DIE  PD  SAN MARTIN, LISA 5627 GLENCREST BLVD  TAMPA, FL 33625  S  COMMONS, LINDA 5602 GLENCREST BLVD	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADC	ded to Fees	Florid	S AND DIRI	ment of St ECTORS IN Change	10 Addition
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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:

1 arter SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 813)908.4418 Daytime Phone #