2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N96000005801 03-14-2008 90037 004 ****61.25 BELLE GLEN HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 40030000 5602 GLENCREST BLVD **5602 GLENCREST BLVD** TAMPA, FL 33625 TAMPA, FL 33625 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-3434734 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Vincent Forese SAN MARTIN, LISA Street Address (P.O. Box Number is Not Acceptable) 5602 GLENCREST BLVD **TAMPA, FL 33625** 16232 Breckinmore Lane TampA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, on both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Vincent torese Trecsurer (NOTE: Begistered A 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE PD Delete TITLE Change X Addition SAN MARTIN, LISA Vincent Forese MASEF MANA 16232 Breckinmure Ln 5627 GLENCREST BLVD STREET ADDRESS STREET ADDRESS TAMPA, FL 33625 CITY-ST-ZIP CITY-ST-ZIP Tanea the 33625 Delete TITLE TITLE marc Uadler COMMONS, LINDA NAME NAME STREET ADDRESS 5629 GLENCREST BLVD STREET ADDRESS 16201 glenury CITY-ST-7/P **TAMPA, FL 33625** CITY-SI-7P TITLE Delete TITLE Change Addition John McCormick BALKUM, FRANK STREET ADDRESS 5613 MACALLAN STREET ADDRESS 5643 guncrest BIVA CITY-ST-ZIP **TAMPA, FL 33625** CITY-ST-ZIP Tampa FU 33625 TITLE ☐ Delete TITLE Change ☐ Addition DOLAN, JUDY NAME NAME STREET ADDRESS **5949 GLENCREST BLVD** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA, FL 33625** PD TITI F Delete TITI F Chance Addition FORESTEL, RYAN NAME NAME 5647 GLENCREST BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33625 CITY-ST-ZIP Delete TITLE Change ☐ Addition STENGER, ALEJANDRO NAME NAME STREET ADDRESS | 5615 MACALLAN DR STREET ADDRESS **TAMPA, FL 33625** CITY-ST-7IP 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 affect askif 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. 12/1008 8136294427 SIGNATURE:

FILED

Mar 14, 2008 8:00 am