

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005801

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

5602 GLENCREST BLVD
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

5602 GLENCREST BLVD
TAMPA, FL 33625

New Mailing Address:

FEI Number: 59-3434734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORESE, VINCENT
16232 BRECKINMORE LANE
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FORESE, VINCENT
Address: 16232 BRECKINMORE LN
City-St-Zip: TAMPA, FL 33625

Title: S () Delete
Name: COMMONS, LINDA
Address: 5629 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: BALKUM, FRANK
Address: 5613 MACALLAN
City-St-Zip: TAMPA, FL 33625

Title: T () Delete
Name: DOLAN, JUDY
Address: 5949 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

Title: VP (X) Delete
Name: FORESTEL, RYAN
Address: 5647 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

Title: D (X) Delete
Name: WADLER, MARC
Address: 16201 GLENURY
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FORESE, VINCENT
Address: 16232 BRECKINMORE LN
City-St-Zip: TAMPA, FL 33625

Title: D (X) Change () Addition
Name: MCCORMICK, JOHN
Address: 5623 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

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

Title: D (X) Change () Addition
Name: FORESTEL, RYAN
Address: 5647 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

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: VINCENT FORESE

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date