

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90073 030 ****61.25

DOCUMENT # N97000001578

1. Entity Name

BELLE MER OWNERS ASSOCIATION, INC.

Principal Place of Business

**8269 GULF BLVD
 NAVVARE BEACH FL 32566
 US**

Mailing Address

**8269 GULF BLVD
 NAVVARE BEACH FL 32566
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3442127

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSON, CAROL
 8269 GULF BLVD
 NAVVARE BEACH FL 32566**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE *Carol Hudson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-21-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** *President* Delete
 NAME **SMITH, CARL**
 STREET ADDRESS **4643 BATTERY LANE**
 CITY-ST-ZIP **BIRMINGHAM AL 35213**

TITLE *President* Change Addition

TITLE **0** *Treasurer* Delete
 NAME **WHITE, WAYNE**
 STREET ADDRESS **4421 FREDERICKSBURG DRIVE**
 CITY-ST-ZIP **BIRMINGHAM AL 35213**

TITLE *Treasurer* Change Addition

TITLE **D** *Asst Sec.* Delete
 NAME **NOTTINGHAM, ALLEN**
 STREET ADDRESS **151 WYNNEHAVEN ROAD**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE *Asst Sec.* Change Addition

TITLE **D** *Vice-Pres.* Delete
 NAME **COKER, SANDRA**
 STREET ADDRESS **281 MOOREBOROUGH DRIVE**
 CITY-ST-ZIP **BOWLING GREEN KY 42103**

TITLE *Vice-Pres.* Change Addition

TITLE **0** *Secretary* Delete
 NAME **FLICK, MIKE**
 STREET ADDRESS **6220 PERLITA DRIVE**
 CITY-ST-ZIP **NEW ORLEANS LA 70122**

TITLE *Secretary* Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Wayne White*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02
 Date

850-939-9939
 Daytime Phone #

CRE037 (9/01)