


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000001578	
1. Entity Name BELLE MER OWNERS ASSOCIATION, INC.	

Principal Place of Business 8269 GULF BLVD NAVARRE BEACH, FL 32566 US	Mailing Address 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3442127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GORMLEY, TERRY P
 215 GRAND BLVD
 SUITE 200
 MIRAMAR BEACH, FL 32550**

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPRINGFIELD, DOUGLAS 4252 GREENRIDGE DR MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COKER, SANDRA 712 FAIRWAY ST BOWLING GREEN, KY 42103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOORE, CHRIS 192 EAGLE CREEK FARM RD DAWSONVILLE, GA 30534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAGER, FRED PO BOX 55488 BIRMINGHAM, AL 35255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUNTAIN, GREG 1901 RUE LA FONTAINE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/15/08-80092-012 61.25

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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: Douglas Springfield **DOUGLAS SPRINGFIELD** 1-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #