

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90016 038 \*\*\*\*61.25

<b>DOCUMENT # N98000003301</b>					
<b>1. Entity Name</b> THE LANDINGS AT BELL LAKE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> STERLING MGMT SERVICES 2870 SCHERER DRIVE N. STE. 100 ST. PETERSBURG, FL 33716			<b>Mailing Address</b> STERLING MGMT SERVICES 2870 SCHERER DRIVE N. STE. 100 ST. PETERSBURG, FL 33716		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3519703	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COTTERILL, RONALD 1010 N. FLORIDA AVE. TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> GRINBERGS, OLIVER	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 22305 RED JACKET LN.	<b>CITY-ST-ZIP</b> LAND O LAKES, FL 34639		<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> T	<b>NAME</b> TAMBURO, JOE	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 22044 RED JACKET LANE	<b>CITY-ST-ZIP</b> LAND O LAKES, FL 34639		<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> VP	<b>NAME</b> MCCARTHY, JOE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 22402 YACHTCLUB TERR	<b>CITY-ST-ZIP</b> LAND O LAKES, FL 34639		<b>NAME</b> NANCY COTTO	<b>STREET ADDRESS</b> 22420 RED JACKET LN.	
<b>TITLE</b> S	<b>NAME</b> WEAVER, ALISA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 22232 YACHTCLUB TERR	<b>CITY-ST-ZIP</b> LAND O LAKES, FL 34639		<b>NAME</b> Deborah Oaks	<b>STREET ADDRESS</b> 4225 MAST CT.	
<b>TITLE</b> D	<b>NAME</b> BEARD, RACHEL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 22409 RED JACKET LN	<b>CITY-ST-ZIP</b> LAND O LAKES, FL 34639		<b>NAME</b> Sheila McDonald	<b>STREET ADDRESS</b> 22114 YACHTCLUB TERR.	
<b>TITLE</b> D	<b>NAME</b> HENRY, NANCY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 22420 RED JACKET LN	<b>CITY-ST-ZIP</b> LAND O LAKES, FL 34639		<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Joseph Tamburo</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> Joseph Tamburo		
Date			4-29-08		
Daytime Phone #			813-222-0577		