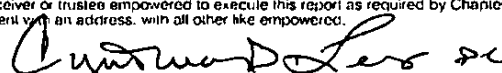


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FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # P06000019025 1. Entity Name 1831 BELCHER POINT ASSOCIATES, INC				2007 SEP 27 AM 11:00 SECRETARY OF STATE TALLAHASSEE, FL 32304	
Principal Place of Business 1831 N BELCHER RD STE C-1 CLEARWATER, FL 33765		Mailing Address 1831 N BELCHER RD STE C-1 CLEARWATER, FL 33765			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LEWIS, CYNTHIA D 1615 S SAN REMO AVE CLEARWATER, FL 33756		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ (Indicate by print or printed name of registered agent and date of registration) (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If any)		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LEWIS, CYNTHIA D	NAME			
STREET ADDRESS	1615 S SAN REMO AVE	STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER, FL 33756	CITY - ST - ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LEWIS, THEODORE G	NAME			
STREET ADDRESS	1655 HIGHLAND AVE - APT A-116	STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER, FL 33756	CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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 607, 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: 		9/5/07 727-791-6226			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DUE DATE			