FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P96000	075266 (2))		
BELLE	CASA COMMUNITIES, INC.			A ARABIRAN KIR ORINA BAKKI BAKKI BAKKI BAKKI BAKKI	
Principal Plac	a of Rusinass	Mailing Address			
•		_			
1181 ANCLOTE ROAD SUITE 35 TARPON SPRINGS FL 34689 1181 ANCLOTE ROAD SUITE 35 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689					
			34689	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address		09/10/1996 4. FEI Number	Applied For
21		26		59-3400711	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Current	Registered Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
OT		ragistorou Agont	81 Name	IQ, Hanto and Address of Haw Indignator	on Whater
	. ARNOLD, JACK R ESQ.				
1370 PINEHURST RD. DUNEDIN FL 34698			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ALDIN I E OTOGO		83		· · · · · · · · · · · · · · · · · · ·
			84 City		85 Zip Code
			G4 City	F	L S Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State	ites, the above-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, F	forida Statutes.	and it's board of directors. I hereby accept the c	appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent and title if applicable (NOT OFFICERS AND DIRECTORS		TE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSTD	DELETE	1.1 TITLE	ADDITIONOS PARALES TO OTT TOUTON	Change Addition
NAME	RODDEY, CHRISTINA K	_	1.2 NAME		_ , _
STREET ADDRESS	1181 ANCLOTE ROAD, #35		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP		
TITLE	VD .	DELETE	2.1 TITLE		Change Addition
NAME	roddey, benjamin d III		2.2 NAME		
STREET ADDRESS	1181 ANCLOTE ROAD, #35		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689	DC: FTP	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4, CITY-ST-ZIP 4,1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

4. 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 annual report or supplemental annual 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 receivar or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manging or on an attachment with an address.

2/22/98

FILED

Mar 05 1998 8:00am

Secretary of State