

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748304

Entity Name: BELLEAIR GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

215 VALENCIA BLVD
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
PINELLAS PARK, FL 33781 US

FEI Number: 59-1876862

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONDOMINIUM MGMT GROUP
THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
PINELLAS PARK, FL 33781 US

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: RONALD WELTON

02/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MUNIZZA, FRANCIS
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
City-State-Zip: PINELLAS PARK FL 33781

Title VP
Name HARTMAN, GLENN
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
City-State-Zip: PINELLAS PARK FL 33781

Title TREASURER
Name PAPARELLO, EILEEN
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name GOSNELL, LARRY
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name GOSNELL, BILL
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
City-State-Zip: PINELLAS PARK FL 33781

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANCIS MUNIZZA

P

02/10/2014

Electronic Signature of Signing Officer/Director Detail

Date