

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011790

**Entity Name:** BEL AIRE AT WINDWARD ASSOCIATION, INC.

**Current Principal Place of Business:**

3899 CAPE HAZE DRIVE  
ROTONDA WEST, FL 33947

**Current Mailing Address:**

PO BOX 475  
PLACIDA, FL 33946

**FEI Number: 80-0122178**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BRANDENBERGER, JOHN E.  
3899 CAPE HAZE DRIVE  
ROTONDA WEST, FL 33947 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name KOWA, SUSAN  
Address 220 ARLINGTON DRIVE  
City-State-Zip: PLACIDA FL 33946

Title VP, DIRECTOR  
Name DEAN, JOSEPH  
Address 15 WINDWARD ROAD  
City-State-Zip: PLACIDA FL 33946

Title PRESIDENT, DIRECTOR  
Name MICHELSON, DAVID  
Address 215 ARLINGTON DRIVE  
City-State-Zip: PLACIDA FL 33946

Title SECRETARY, DIRECTOR  
Name SWITSKI, VICTOR  
Address 216 ARLINGTON DRIVE  
City-State-Zip: PLACIDA FL 33946

Title TREASURER, DIRECTOR  
Name HURLEY, PATRICK  
Address 253 ARLINGTON DRIVE  
City-State-Zip: PLACIDA FL 33946

*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: DAVID MICHELSON**

**PRESIDENT**

**03/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date