

2016 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:**FREEMAN, PAUL T
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: PAUL T. FREEMAN****04/01/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name KOWA, SUSAN
Address 3899 CAPE HAZE DRIVE
City-State-Zip: PLACIDA FL 33946

Title VP, DIRECTOR
Name DEAN, JOSEPH
Address 3899 CAPE HAZE DRIVE
City-State-Zip: PLACIDA FL 33946

Title PRESIDENT, DIRECTOR
Name MICHELSON, DAVID
Address 3899 CAPE HAZE DRIVE
City-State-Zip: PLACIDA FL 33946

Title SECRETARY, DIRECTOR
Name SWITSKI, VICTOR
Address 3899 CAPE HAZE DRIVE
City-State-Zip: PLACIDA FL 33946

Title TREASURER, DIRECTOR
Name LIETZ, STEPHEN
Address 3899 CAPE HAZE 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****04/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date