

2014 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 ROGERS, DAVID
Address 204 ARLINGTON DRIVE
City-State-Zip: PLACIDA FL 33946Title VP, DIRECTOR
Name DEAN, JOSEPH
Address 15 WINDWARD ROAD
City-State-Zip: PLACIDA FL 33946Title PRESIDENT, DIRECTOR
Name MICHELSON, DAVID
Address 215 ARLINGTON DRIVE
City-State-Zip: PLACIDA FL 33946Title SECRETARY, DIRECTOR
Name SWITSKI, VICTOR
Address 216 ARLINGTON DRIVE
City-State-Zip: PLACIDA FL 33946Title 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****03/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date