

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

DOCUMENT# N97000001578

**Entity Name:** BELLE MER OWNERS ASSOCIATION, INC.

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC9975993431**

**Current Principal Place of Business:**

8269 GULF BLVD  
#104  
NAVARRE BEACH, FL 32566

**Current Mailing Address:**

PO BOX 2613  
FORT WALTON BEACH, FL 32549 US

**FEI Number: 59-3442127**

**Certificate of Status Desired: No**

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

RDF ASSOCIATES, INC.  
RDF ASSOCIATES, INC  
29 MIRACLE STRIP PARKWAY SW  
FORT WALTON BEACH, FL 32548 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: AARON WEBBER**

**02/25/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name LEONARD, LORETTA  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

Title DV  
Name FISHMAN, LOUIS  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

Title DT  
Name YEAGER, FRED  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

Title DS  
Name BUGG, CHARLIE  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

Title D  
Name REIN, JIM  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

Title MGR  
Name WEBBER, AARON  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

*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: AARON WEBBER**

**MGR**

**02/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date