

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90025 047 ****61.25

DOCUMENT # 714090

1. Entity Name
BROADMOOR VILLA, INC.



Principal Place of Business
**919 OSCEOLA ROAD
BELLEAIR, FL 34616**

Mailing Address
**919 OSCEOLA ROAD
BELLEAIR, FL 34616**

40036381



01112007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1565612

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINTON, TONI
506 N GULF BLVD #504
INDIAN ROCKS BEACH, FL 33785**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	QUINN, JANNA	
STREET ADDRESS	475 PARK AVE	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BALDERSON, ANNE	
STREET ADDRESS	919 OSCEOLA RD #207	
CITY-ST-ZIP	BELLEAIR, FL 34616	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HECKER, JUDY	
STREET ADDRESS	919 OSCEOLA RD #202	
CITY-ST-ZIP	BELLEAIR, FL 34616	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim ORR	
STREET ADDRESS	475 PARK AVE.	
CITY-ST-ZIP	Belleair, Fla 33754	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Haussler	
STREET ADDRESS	919 Osceola Rd # 106	
CITY-ST-ZIP	Belleair, Fla. 33754	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon Minton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

Date

727-596-1800

Daytime Phone #