

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 08:00 A**  
**Secretary of State**

**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



01162008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1565612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000843810  
03/12/08-80010-013 61.25

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ORR, JIM  
STREET ADDRESS 475 PARK AVE  
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE VP  
NAME HAUSSLER, RUTH  
STREET ADDRESS 919 OSCEOLA RD. #106  
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE STD  
NAME HECKER, JUDY  
STREET ADDRESS 919 OSCEOLA RD #202  
CITY-ST-ZIP BELLEAIR, FL 34616

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/08

Date

727-596-1800

Daytime Phone #