
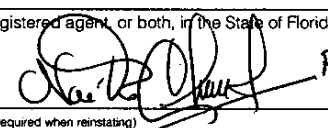


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90291 042 ****70.00

DOCUMENT # 714120 1. Entity Name BEVERLY VILLAS HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business BEVERLY VILLA HOME OWNERS ASSOCIATION P.O. BOX 257 DELAND, FL 32721-0257 US			Mailing Address BEVERLY VILLAS HOME OWNERS ASSOCIATION P.O. BOX 257 DELAND, FL 32721-0257 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-1692252				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUNNINGHAM, JANET 749-B EAST MICHIGAN AVENUE DELAND, FL 32724			7. Name and Address of New Registered Agent Name NOE R. CHEVRIER JR P Street Address (P.O. Box Number is Not Acceptable) 701 E ARIZONA AVE DeLand FL City FL Zip Code 32724		
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 NOE R. CHEVRIER JR - PRESIDENT  3-1-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEFFINGTON, RAYMOND 815 LAKE DRIVE DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NOE R. CHEVRIER, JR 701 E. ARIZONA AVE DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUNNINGHAM, JANET 719-B EAST MICHIGAN AVENUE DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RUTH DUFNER 731-C N. BOSTON AVE DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULA, GLENN 721 A E MICHIGAN AVENUE DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE GINNY RUBBO 431-A N. BOSTON AVE DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEFFINGTON, LONNA K 815 LAKE DR DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MARIO RUBBO 431-A N. BOSTON AVE DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEINMUELLER, SANDRA 3368 QUAIL ROOST DR DELAND, FL 32720	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ELLA COX 705 E. ARIZONA AVE DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNTER, NANCY 712-B E MINNESOTA AVE DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HARRY QUICK 710-D E MINNESOTA DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officer 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 any address, with all other information required.					
SIGNATURE: NOE R. CHEVRIER JR. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-1-5 <small>Date</small>		386-734-8973 <small>Daytime Phone #</small>