## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



1. Entity Name BEVERLY VILLAS HOME OWNERS ASSOCIATION, INC.

**DOCUMENT #714120** 

## **FILED** May 07, 2008 8:00 am Secretary of State 05-07-2008 90111 021 \*\*\*\*61.25

				]	100						
Principal Place of Business Mailing Address BEVERLY VILLA HOME OWNERS ASSOCIATION BEVERLY VILLA			-	ss Las home owners association			0,0000				
P.O. BOX 257  DELAND, FL 32721-0257 US			P.O. BOX 257 DELAND, FL 32721-0257 US								
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address				[	(A MUSUUY WAMPA MU	D))	1101 U. 100f	
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.			03032008	Chg-NP	CR2E0	37 (12/06)		
City & State	•	Ci	City & State				4. FEI Number Applied For S9-1692252 Not Applicable				
Zip	Country	Zi <sub>l</sub>	Zip Country		ntry	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current						7. Name and Address of New Registered Agent					
OLAMBINOLITA STANET M					Name						
CUNNINGHÂM, ĴANET M 719-B E. MICHIĞÂN AVE DELAND, FL 32724			Stre			et Address (P.O. Box Number is Not Acceptable)					
DEEAND, I'E SELECT											
**				City	ř PL   The state of the state o						
<ol> <li>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.</li> </ol>											
the configuration of the confi											
SIGNATURE Smill M. Cummingham april 11, 2008											
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 9. Election Campaign Fir						\$5.00 May B	_ N	Make chec	k payable to	<u> </u>	
7	Due by May 1, 2008		Trust Fund C			Added to Fees			rtment of St		
10.		RS AND DIRECTORS		11,		ADDITIONS/CH	ANGES TO OFFICE	RS AND D	RECTORS IN	10	
TITLE	Ρ	÷.	☐ Delete	TITLE	į.				☐ Change	☐ Addition	
NAMES ADDRESS	CHUICK; HARRY	AVE		NAME							
STREET ADDRESS CITY-ST-ZIP	710-D E. MINNESOTA DELAND, FL 32724	AVE	t <sub>i</sub> ,		ET ADDRESS ST-ZIP					ł	
TITLE	V		☑ Delete	TITLE		**			K Change	Addition	
NAME .	HUNTER, RUTH		D Delae	NAME	H	ŮNTER, NA	NCY		EFT CHRISTS	C) AUGICION	
STREET ADDRESS	712-B E. MINNESOTA	AVE	SIR			712-B E. MINNESOTA AVE					
CITY-ST-ZIP	DELAND, FL 32724			CITY-	ST-ZIP D	ELAND, FL	32724				
IIILE	ST		☐ Delete	TITLE					Change	☐ Addition	
NAME	CUNNINGHAM, JANET			NAME	· I						
STREET ADDRESS CITY-ST-ZIP	719-B. E MICHIGAN A'   DELAND, FL 32724	VE			ET ADDRESS - ST-ZIP					ļ	
TITLE	D		☐ Delete	TITLE		<del></del>		<u> </u>	☐ Change	☐ Addition	
NAME	HENDRICK, RUTH		L Detele	NAME	l l				Ondrigo		
STREET ADDRESS	715-G E. MICHIGAN A	VE		STREE	ET ADDRESS						
CITY-ST-ZIP	DELAND, FL 32724			CITY-	ST-ZIP						
TITLE	D		Delete	TITLE	L				☐ Change	Addition	
NAME	HENDRICK, RUTH			NAME		EWIS, THO					
STREET ADDRESS 715-G E. MICHIGAN AVE CITY-ST-ZIP DELAND, FL 32724						20-B E. MINNESOTA AVE					
TITLE	OLUMIU, FL 32724		☐ Detete	TITLE	<del></del>	ELAND, EL	32724		☐ Change	Addition	
NAME			∟ Dexic	NAME		MERSON, E	LISSA		☐ ouenite		
STREET ADORESS				1			INNESOTA	AVE		ı	
CITY-ST-ZIP						ELAND. FL				l	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutés. 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

Cunningham

April 0at 7, 2008