

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90014 032 ****61.25

DOCUMENT # N00000002314																													
1. Entity Name BELLWETHER HOME OWNERS ASSOCIATION, INC.																													
Principal Place of Business 230 NE 25TH AVE., STE. 200 OCALA, FL 34470			Mailing Address 230 NE 25TH AVE., STE. 200 OCALA, FL 34470																										
2. Principal Place of Business Suite, Apt. #, etc. 2225 SW 80th St			3. Mailing Address P.O. Box 6331 Suite, Apt. #, etc.																										
City & State OCALA, FL			City & State OCALA, FL																										
Zip 34476		Country USA		4. FEI Number 59-3758069																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent FLANAGAN, GREGORY S 230 NE 25TH AVE., STE. 200 OCALA, FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2701 SE MARICAMP RD SUITE 104 City OCALA FL Zip Code 34471																										
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 DATE 2/13/04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <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																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GALAT, JOHN A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>98 NE 45TH TERR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34470</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	GALAT, JOHN A		STREET ADDRESS	98 NE 45TH TERR.		CITY-ST-ZIP	OCALA, FL 34470		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">1295 SW 37th PI RD</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>OCALA, FL 34474</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	1295 SW 37th PI RD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	OCALA, FL 34474		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	GALAT, JOHN A																												
STREET ADDRESS	98 NE 45TH TERR.																												
CITY-ST-ZIP	OCALA, FL 34470																												
TITLE	1295 SW 37th PI RD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS	OCALA, FL 34474																												
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MENDOLA, TONY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3572 SE 24TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34474</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MENDOLA, TONY		STREET ADDRESS	3572 SE 24TH AVE.		CITY-ST-ZIP	OCALA, FL 34474		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">2225 SW 80th Street</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>OCALA, FL 34476</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	2225 SW 80th Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	OCALA, FL 34476		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	MENDOLA, TONY																												
STREET ADDRESS	3572 SE 24TH AVE.																												
CITY-ST-ZIP	OCALA, FL 34474																												
TITLE	2225 SW 80th Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS	OCALA, FL 34476																												
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FLANAGAN, GREGORY S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>230 NE 25TH AVE., STE. 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34470</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	FLANAGAN, GREGORY S		STREET ADDRESS	230 NE 25TH AVE., STE. 200		CITY-ST-ZIP	OCALA, FL 34470		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">2701 SE MARICAMP RD. SUITE 104</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>OCALA, FL 34471</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	2701 SE MARICAMP RD. SUITE 104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	FLANAGAN, GREGORY S																												
STREET ADDRESS	230 NE 25TH AVE., STE. 200																												
CITY-ST-ZIP	OCALA, FL 34470																												
TITLE	2701 SE MARICAMP RD. SUITE 104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS	OCALA, FL 34471																												
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
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 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 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: (352) 817-7522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TONY MENDOLA, DIRECTOR