### 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # N00000002314**

1. Entity Name

BELLWETHER HOME OWNERS ASSOCIATION, INC.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

222 SW 80T ST. OCALA, FL 34476 Mailing Address

PO BOX 6331 OCALA, FL 34478



### DO NOT WRITE IN THIS SPACE

01252007 No Chg-NP . CR2E037 (4/06)

4. FEI Number 59-3758069

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLANAGAN, GREGORY S 2701 SE MARICAMP RD. STE 104 OCALA, FL 34471

OCALA, FL 34471

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8. The above the obligation	e named entity submits this statement for tions of registered agent.	or the purpose of changing its registered office	e or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Registered Agent s	gneture	required when reinstating)	bare
	Filing Pee Is \$61.25 Due by May 1, 2007	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAT, JOHN A 1295 SW 37TH PL RD. OCALA, FL 34474				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOLA, TONY 2225 SW 80TH ST OCALA, FL 34476				
TITLE RAME STREET ADDRESS	D FLANAGAN, GREGORY S 2701 SE MARICAMP RD STE 10	14			

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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:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
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