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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:13

DOCUMENT # N00044 (0)

1. Corporation Name

THE VILLAS OF BELLEVIEW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5000 SE 110TH ST. P.O. BOX 727 BELLEVIEW FL 34421-0727 US	5000 SE 110TH ST. P.O. BOX 727 BELLEVIEW FL 34421-0727 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1983
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-2721564 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KRINEY, FLORENCE M
5033 SE 108 PLACE
BELLEVIEW FL 34420

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President D ☒ Change ☐ Addition
NAME	GOWYER, CALVIN J	1.2 NAME	Agnes Goodman
STREET ADDRESS	10914 SE 50TH AVE.	1.3 STREET ADDRESS	5021 SE 107 Pl
CITY-ST-ZIP	BELLEVIEW FL	1.4 CITY-ST-ZIP	Belleview, Fl. 34420
TITLE	MD	2.1 TITLE	☐ Change ☐ Addition
NAME	ATKIN, NELSON	2.2 NAME	
STREET ADDRESS	5016 SE 109 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HASTINGS, JENNIE	3.2 NAME	
STREET ADDRESS	5002 S.E. 107TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	KRINEY, FLORENCE M	4.2 NAME	
STREET ADDRESS	5033 SE 108 PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	4.4 CITY-ST-ZIP	
TITLE	PRD	5.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, CHARLES	5.2 NAME	
STREET ADDRESS	10834 SE 50 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	RUTHVEN, WILLIAM	6.2 NAME	
STREET ADDRESS	10836 SE 50TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florence M Kriney 2/3/95 904-245-2304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0064880