

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00044

1. Entity Name

THE VILLAS OF BELLEVIEW HOMEOWNERS ASSOCIATION.

Principal Place of Business

5000 SE 110TH ST.
P.O. BOX 727
BELLEVIEW FL 34421-0727
US

Mailing Address

5000 SE 110TH ST.
P.O. BOX 727
BELLEVIEW FL 34421-0727
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

59-2721564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOWIE, BARBARA L
5036 SE 108 ST
BELLEVIEW FL 34420

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Delete
NAME	SANDERS, NORMA	
STREET ADDRESS	10809 SE 51ST AVE	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	MD	☒ Delete
NAME	LEONARD SHAW	
STREET ADDRESS	10813 SE 51ST AVE	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	ST	☐ Delete
NAME	GOWIE, BARBARA	
STREET ADDRESS	5036 SE 108 ST	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	D	☒ Delete
NAME	AL BAZAR	
STREET ADDRESS	5011 SE 108TH PL	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	VP	☐ Delete
NAME	MARGARET GENTRY	
STREET ADDRESS	5003 SE 107TH PL	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MD	☐ Change ☒ Addition
NAME	Blackmer, Howard	
STREET ADDRESS	5026 SE 107th Pl	
CITY-ST-ZIP	Belleview, Fl 34420	
TITLE	MD	☐ Change ☒ Addition
NAME	Stack, Robert	
STREET ADDRESS	5002 SE 108th St	
CITY-ST-ZIP	Belleview, Fl 34420	
TITLE	T	☒ Change ☐ Addition
NAME	Gowie, Barbara	
STREET ADDRESS	5036 SE 108th St	
CITY-ST-ZIP	Belleview, Fl 34420	
TITLE	S	☐ Change ☒ Addition
NAME	Harrington, Rita	
STREET ADDRESS	5025 SE 107th Pl	
CITY-ST-ZIP	Belleview, Fl 34420	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *Norma Sanders* J. Sanders

April 12, 2000

352-245-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90139 027 ****61.25