

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90032 027 ****61.25

DOCUMENT # N00044			
1. Entity Name THE VILLAS OF BELLEVIEW HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 5000 SE 110TH ST. P.O. BOX 727 BELLEVIEW FL 34421-0727 US		Mailing Address P.O. BOX 727 BELLEVIEW FL 34421-0727 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

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 GOWIE, BARBARA L 5036 SE 108 ST BELLEVIEW FL 34420		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 _____
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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, NORMA 10809 SE 51ST AVE BELLEVIEW FL 34420 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BLACKMER, ORPRALEE 5026 SE 107 PLACE BELLEVIEW FL 34420 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEDLOCK, HARRY ☐ Change ☒ Addition 10828 SE 50TH AVE BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOWIE, BARBARA 5036 SE 108 ST BELLEVIEW FL 34420 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD STACK, ROBERT 5002 SE 108 STREET BELLEVIEW FL 34420 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD RUTHVEN, WILLIAM 10836 SE 50TH AVE BELLEVIEW FL 34420 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRINGTON, RITA 5025 SE 107 PLACE BELLEVIEW FL 34420 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Barbara L. Gowie* **BARBARA L. GOWIE** 4/6/04 (352) 245-6483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #