2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90274 039 ****61.25

DOCUMENT # N00044

1. Entity 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	P.O. BOX 727 BELLEVIEW FL 34421-0727 US

1st MOORE CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANDERS, NORMA 10809 SE 51ST AVE BELLEVIEW FL 34420	☒ Delete	P FRENCH, KAREN 5033 SE 109 PL BELLEVIEW, FL 34420	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD BLACKMER, ORPRALEE 10828 SE 50TH AVE. BELLEVIEW FL 34420	☒ Delete	MD GRAPPERHAUS, GERALD 5035 SE 108 PL BELLEVIEW, FL 34420	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOWIE, BARBARA 5036 SE 108 ST BELLEVIEW FL 34420	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD STACK, ROBERT 5002 SE 108 STREET BELLEVIEW FL 34420	☒ Delete	MD KIRKHAM, HELEN 5029 SE 107 PL BELLEVIEW, FL 34420	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD VP RUTHVEN, WILLIAM 10836 SE 50TH AVE BELLEVIEW FL 34420	☐ Delete	VP ←	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARRINGTON, RITA 5025 SE 107 PLACE BELLEVIEW FL 34420	☐ Delete		☐ 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 4/12/05 (352) 245-6483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #