


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90018 022 ****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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-2721564	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	

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 Barbara L Gowie BARBARA L. GOWIE, TREASURER 4/1/07
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TITLE	NAME
P	FRENCH, KAREN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5033 SE 109 PL	STREET ADDRESS	
CITY- ST- ZIP	BELLEVIEW FL 34420	CITY- ST- ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MD	BARRY, EDWARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	10749 SE 51ST AVE	STREET ADDRESS	
CITY- ST- ZIP	BELLEVIEW FL 34420	CITY- ST- ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T	GOWIE, BARBARA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5036 SE 108 ST	STREET ADDRESS	
CITY- ST- ZIP	BELLEVIEW FL 34420	CITY- ST- ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S	KIRKHAM, HELEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5029 SE 107 PL	STREET ADDRESS	
CITY- ST- ZIP	BELLEVIEW FL 34420	CITY- ST- ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP	RUTHVEN, WILLIAM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	10836 SE 50TH AVE	STREET ADDRESS	
CITY- ST- ZIP	BELLEVIEW FL 34420	CITY- ST- ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MD	HARDEMAN, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	5025 SE 109TH ST	STREET ADDRESS	
CITY- ST- ZIP	BELLEVIEW FL 34420	CITY- ST- ZIP	
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S	PATRICK JONES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	5025 SE 109 PL	STREET ADDRESS	
CITY- ST- ZIP	BELLEVIEW, FL 34420	CITY- ST- ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara L Gowie BARBARA L. GOWIE 4/1/07 (352) 245-6483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #