

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90070 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

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, 2008**

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

TITLE ☐ Delete  
NAME **FRENCH, KAREN**  
STREET ADDRESS **5033 SE 109 PL**  
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE ☒ Delete  
NAME **MD BARRY, EDWARD**  
STREET ADDRESS **10749 SE 51ST AVE**  
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE ☐ Delete  
NAME **GOWIE, BARBARA**  
STREET ADDRESS **5036 SE 108 ST**  
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE ☐ Delete  
NAME **D KIRKHAM, HELEN**  
STREET ADDRESS **5029 SE 107 PL**  
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE ☐ Delete  
NAME **VP RUTHVEN, WILLIAM**  
STREET ADDRESS **10836 SE 50TH AVE**  
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE ☐ Delete  
NAME **S JONES, PATRICIA**  
STREET ADDRESS **5029 SE 107 PLA**  
CITY-ST-ZIP **BELLEVIEW FL 34420**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MD LINDA PEERY**  
STREET ADDRESS **10831 SE 50TH TERRACE**  
CITY-ST-ZIP **BELLEVIEW, FL 34420**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 Gowie*  
BARBARA GOWIE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/08 (352) 245-6483**

Date

Daytime Phone #