

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00044

FILED  
Jun 02, 2009  
Secretary of State

**Entity Name:** THE VILLAS OF BELLEVIEW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5000 SE 110TH ST.  
P.O. BOX 727  
BELLEVIEW, FL 344210727 US

**New Principal Place of Business:**

5000 SE 110TH ST.  
BELLEVIEW, FL 344210727 US

**Current Mailing Address:**

P.O. BOX 727  
BELLEVIEW, FL 344210727 US

**New Mailing Address:**

**FEI Number:** 59-2721564      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GOWIE, BARBARA L  
5036 SE 108 ST  
BELLEVIEW, FL 34420 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FRENCH, KAREN  
Address: 5033 SE 109 PL  
City-St-Zip: BELLEVIEW, FL 34420

Title: MD ( ) Delete  
Name: PEERY, LINDA  
Address: 10831 SE 50TH TERRACE  
City-St-Zip: BELLEVIEW, FL 34420

Title: T ( ) Delete  
Name: GOWIE, BARBARA  
Address: 5036 SE 108 ST  
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete  
Name: KIRKHAM, HELEN  
Address: 5029 SE 107 PL  
City-St-Zip: BELLEVIEW, FL 34420

Title: VP (X) Delete  
Name: RUTHVEN, WILLIAM  
Address: 10836 SE 50TH AVE  
City-St-Zip: BELLEVIEW, FL 34420

Title: S ( ) Delete  
Name: JONES, PATRICIA  
Address: 5029 SE 107 PLA  
City-St-Zip: BELLEVIEW, FL 34420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ALLEN, WAYNE  
Address: 10835 SE 50TH TERRACE  
City-St-Zip: BELLEVIEW, FL 34420

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD (X) Change ( ) Addition  
Name: KIRKHAM, HELEN  
Address: 5029 SE 107 PL  
City-St-Zip: BELLEVIEW, FL 34420

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA L GOWIE

TREA

06/02/2009

Electronic Signature of Signing Officer or Director

Date