FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
95 FEB 22 AM 11:10

DOCUMENT # N03121 (3)

1. Corporate Name
BELLE MER VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: ~~377 BAY FOREST DR NAPLES FL 33963~~
Mailing Address: ~~377 BAY FOREST DR NAPLES FL 33963~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1984
3a. Date of Last Report: 02/04/1994
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

2. Principal Place of Business
21 Royal Fern Lane No.
22 Suite, Apt. #, etc.:
23 City & State: Naples Florida
24 Zip: 33963
25 Country: USA

2a. Mailing Address
26 4277 Bonita Beach Rd
27 Suite, Apt. #, etc.: Suite 114
28 City & State: Bonita Springs FL
29 Zip: 33923
30 Country: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEND, VIOLET
~~377 BAY FOREST DR~~
~~NAPLES FL 33963~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4277 Bonita Beach Road
83 Suite # 114
84 City: Bonita Springs FL
85 Zip Code: 33923

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1 1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, KATE	1 2 NAME	
STREET ADDRESS	15531 ROYAL FERN LN N	1 3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	BLOCK, M ARTHADELL	2 2 NAME	
STREET ADDRESS	15525 ROYAL FERN LANE NO.	2 3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2 4 CITY-ST-ZIP	
TITLE	S	3 1 TITLE	☒ Change ☐ Addition
NAME	FRIEND, VIOLET	3 2 NAME	
STREET ADDRESS	~~377 BAY FOREST DR~~	3 3 STREET ADDRESS	4277 Bonita Bch Rd. Suite #114
CITY-ST-ZIP	~~NAPLES FL~~	3 4 CITY-ST-ZIP	Bonita Springs FL. 33923
TITLE	~~D~~	4 1 TITLE	VP ☐ Change ☐ Addition
NAME	BURNESON, PATRICIA	4 2 NAME	
STREET ADDRESS	16501 ROYAL FERN LANE NO	4 3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4 4 CITY-ST-ZIP	
TITLE	~~VD~~	5 1 TITLE	D ☒ Change ☐ Addition
NAME	~~PASCHAK, ANTHONY~~	5 2 NAME	MANGHAM, Debbie
STREET ADDRESS	~~15503 ROYAL FERN LN N~~	5 3 STREET ADDRESS	15555 Royal Fern Lane NO
CITY-ST-ZIP	~~NAPLES FL~~	5 4 CITY-ST-ZIP	NAPLES Florida 33963
TITLE	DP	6 1 TITLE	☐ Change ☐ Addition
NAME	INSTANCE, MICHAEL	6 2 NAME	
STREET ADDRESS	15527 ROYAL FERN LN N	6 3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Violet Friend - SECRETARY — 2-17-95 — 813 992 0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
VIOLET FRIEND

0017626