

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N03121** (3)
1. Corporation Name
BELLE MER VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**ROYAL FERN LANE NORTH
NAPLES FL 33963
US**
**4277 BONITA BEACH ROAD
SUITE 114
BONITA SPRINGS FL 33923
US**

2 Principal Place of Business 2a Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **05/16/1984** 3a. Date of Last Report **02/22/1995**
4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
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
4277 BONITA BEACH ROAD
SUITE 114
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of the person in charge of preparing and filing this report

Signature of Registered Agent (Signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **T WALLACE, KATE**
STREET ADDRESS **15531 ROYAL FERN LN N**
CITY, ST, ZIP **NAPLES FL**
2. TITLE ☐ DELETE
NAME **D BLOCK, M ARTHADELL**
STREET ADDRESS **15525 ROYAL FERN LANE NO.**
CITY, ST, ZIP **NAPLES FL**
3. TITLE ☐ DELETE
NAME **S FRIEND, VIOLET**
STREET ADDRESS **4277 BONITA BEACH ROAD SUITE 114**
CITY, ST, ZIP **BONITA SPRINGS FL**
4. TITLE ☐ DELETE
NAME **VD BURNESON, PATRICIA**
STREET ADDRESS **16501 ROYAL FERN LANE NO**
CITY, ST, ZIP **NAPLES FL**
5. TITLE ☐ DELETE
NAME **D MANGHAM, DEBBIE**
STREET ADDRESS **15555 ROYAL FERN LANE NORTH**
CITY, ST, ZIP **NAPLES FL**
6. TITLE ☐ DELETE
NAME **DP INSTANCE, MICHAEL**
STREET ADDRESS **15527 ROYAL FERN LN N**
CITY, ST, ZIP **NAPLES FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

498-2243

CR2E037 (12/95)