


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90023 024 ****61.25

DOCUMENT # N03121					
1. Entity Name BELLE MER VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 125527 ROYAL FERN LANE N NAPLES, FL 34110 US			Mailing Address 125527 ROYAL FERN LANE N NAPLES, FL 34110 US		
2. Principal Place of Business 15527 ROYAL FERN LANE N		3. Mailing Address 15527 ROYAL FERN LANE N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 65-0253929	
Zip 34110		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INSTANCE, M. C. 15527 ROYAL FERN LANE NORTH NAPLES, FL 34110			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			FL		
Zip Code			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 <u><i>M. C. Instance</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DACY, WES			NAME	
STREET ADDRESS	15503 ROYAL FERN LANE N.			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMANDL, JERRY			NAME	
STREET ADDRESS	15553 ROYAL FERN LANE NORTH			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INSTANCE, MIKE			NAME	
STREET ADDRESS	15527 ROYAL FERN LANE NORTH			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMANDL, GISELA			NAME	
STREET ADDRESS	15553 ROYAL FERN LANE N.			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJAC, MIKE			NAME	
STREET ADDRESS	15553 ROYAL FERN LANE NORTH			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>M. C. Instance</i></u>				Date: <u>4/1/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

