

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90018 006 \*\*\*\*61.25

|  |   |   |   |                                       |  |
|--|---|---|---|---------------------------------------|--|
| <b>DOCUMENT # N03121</b><br>1. Entity Name<br><b>BELLE MER VILLAS HOMEOWNERS ASSOCIATION, INC.</b>   |   |   |   |                                       |  |
| Principal Place of Business<br><b>15527 ROYAL FERN LANE N.<br/>NAPLES, FL 34110 US</b>   |   |   | Mailing Address<br><b>C/O FINANCIAL MANAGEMENT SERVICES<br/>P.O. BOX 11496<br/>NAPLES, FL 34101-1496</b>  |                                       |  |
| 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   | 4. FEI Number<br><b>65-0253929</b>    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>INSTANCE, M. C.<br/>15527 ROYAL FERN LANE NORTH<br/>NAPLES, FL 34110</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>DACY, WES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>15503 Royal Fern Ln N</b><br><b>NAPLES, FL</b><br>City <b>NAPLES</b> <span style="float: right;">FL</span> <span style="float: right;">Zip Code 34110</span> |                                       |  |
| 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 <b>Arthur W Dacy</b><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |   |   | <b>2/26/08</b><br><small>DATE</small> |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>    |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |   |                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>DACY, WES<br/>15503 ROYAL FERN LANE N.<br/>NAPLES, FL 34110</b>               | <input type="checkbox"/> Delete   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD<br/>DAMANDL, JERRY<br/>15553 ROYAL FERN LANE NORTH<br/>NAPLES, FL 34110</b>       | <input type="checkbox"/> Delete   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD<br/>INSTANCE, MIKE<br/>15527 ROYAL FERN LANE NORTH<br/>NAPLES, FL 34110</b>       | <input checked="" type="checkbox"/> Delete  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD<br/>DAMANDL, GISELA<br/>15529 ROYAL FERN LANE NORTH<br/>NAPLES, FL 34110</b>      | <input checked="" type="checkbox"/> Delete  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>MEJAC, MIKE<br/>15553 ROYAL FERN LANE NORTH<br/>NAPLES, FL 34110</b>           | <input checked="" type="checkbox"/> Delete  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>DACY, WES<br/>15503 Royal Fern Ln. N<br/>NAPLES, FL. 34110</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Sec. - Treas.<br/>DAMANDL, Jerry<br/>15553 Royal Fern Ln N<br/>NAPLES, FL. 34110</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Stamm, Tom; VD<br/>15527 Royal Fern Ln. N<br/>NAPLES, FL. 34110</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>Carollo, Tom<br/>15525 Royal Fern Ln. N<br/>NAPLES, FL. 34110</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |   |   |                                       |  |
| <b>SIGNATURE: Jerry L. Damandl</b>   |   | <b>2/26/08</b>  |   | <b>(239) 254-9104</b>                 |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date</small>   |   | <small>Daytime Phone #</small>        |  |

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

|  |                                 |   |   |   |  |
|--|---------------------------------|---|---|---|--|
| <b>DOCUMENT # N03121</b><br>1. Entity Name<br><b>BELLE MER VILLAS HOMEOWNERS ASSOCIATION, INC.</b>   |                                 |   |   |   |  |
| Principal Place of Business<br>15527 ROYAL FERN LANE N.<br>NAPLES, FL 34110 US   |                                 |   | Mailing Address<br>C/O FINANCIAL MANAGEMENT SERVICES<br>P.O. BOX 11496<br>NAPLES, FL 34101-1496 |   |  |
| 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   | 4. FEI Number<br><b>65-0253929</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent  |                                 |   |   | 7. Name and Address of New Registered Agent   |  |
| INSTANCE, M. C.<br>15527 ROYAL FERN LANE NORTH<br>NAPLES, FL 34110   |                                 |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |  |
| 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>Jerry L. Damandl</u> <span style="float: right;">2/28/07</span><br><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<br>Due by May 1, 2007  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees  |  |
| Make check payable to<br>Florida Department of State   |                                 |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE  | PD                              | <input type="checkbox"/> Delete   | TITLE   | PO  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | DACYI, WES                      |   | NAME  | Dacy, Wes   |  |
| STREET ADDRESS   | 15503 ROYAL FERN LANE N.        |   | STREET ADDRESS  | 15503 Royal Fern Ln. N  |  |
| CITY-ST-ZIP  | NAPLES, FL 34110                |   | CITY-ST-ZIP   | NAPLES, FL 34110  |  |
| TITLE  | TD                              | <input type="checkbox"/> Delete   | TITLE   | TD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | DAMANDL, JERRY                  |   | NAME  | 15557 Royal Fern Ln. N  |  |
| STREET ADDRESS   | 15553 ROYAL FERN LANE NORTH     |   | STREET ADDRESS  | Naples, FL 34110  |  |
| CITY-ST-ZIP  | NAPLES, FL 34110                |   | CITY-ST-ZIP   | Naples, FL 34110  |  |
| TITLE  | SD                              | <input type="checkbox"/> Delete   | TITLE   | SD  | <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  | VD                              | <input checked="" type="checkbox"/> Delete  | TITLE   | V   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | DAMANDL, GISELA                 |   | NAME  | Stamm, Toni   |  |
| STREET ADDRESS   | 15529 ROYAL FERN LANE NORTH     |   | STREET ADDRESS  | 15529 Royal Fern Ln. N  |  |
| CITY-ST-ZIP  | NAPLES, FL 34110                |   | CITY-ST-ZIP   | Naples, FL 34110  |  |
| TITLE  | D                               | <input checked="" type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | MEJAC, MIKE                     |   | NAME  | Cano, Tom   |  |
| STREET ADDRESS   | 15553 ROYAL FERN LANE NORTH     |   | STREET ADDRESS  | 15525 Royal Fern Ln. N  |  |
| CITY-ST-ZIP  | NAPLES, FL 34110                |   | CITY-ST-ZIP   | Naples, FL 34110  |  |
| 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 exemptions contained 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 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>Jerry L. Damandl</u> (Jerry L. DAMANDL) <span style="float: right;">02/28/07 (239) 254-9104</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                                 |   |   |   |  |