## **2008 NOT-FOR-PROFIT CORPORATION**

## May 08, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N03121 05-08-2008 90018 006 \*\*\*\*61.25 1. Entity Name BELLE MER VILLAS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 15527 ROYAL FERN LANE N. C/O FINANCIAL MANAGEMENT SERVICES NAPLES, FL 34110 US P.O. BOX 11496 NAPLES, FL 34101-1496 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032008 Cha-NP CR2E037 (12/06) City & State City & State FEI Number 65-0253929 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WES INSTANCE, M. C. Street Address (P.O. Box Number is Not Acceptable) 15527 ROYAL FERN LANE NORTH NAPLES, FL 34110 NAPEES FL. City AAPLES Zip Code 3 4// o 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. Make check payable to Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Fiorida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change Change DACY Wes 15503 Royal Forn Ln. N DACYI, WES NAME NAME 15503 ROYAL FERN LANE N. STREET ADORESS STREET ADDRESS NAPLES, FL, 34110 CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP Jee - Treas TD ☐ Defete TITLE Channe Addition DAMAND, JEDRY 15557 ROYAL FERN LAN NAPLES FL. 34110 DAMANDL, JERRY NAME NAME STREET ADDRESS 15553 ROYAL FERN LANE NORTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP Stemm Ton; W Do 15509 Royal Forn Ln. N SD DDE Delete TITE F NAME INSTANCE, MIKE NAME 15529 STREET ADORESS 15527 ROYAL FERN LANE NORTH STREET ADDRESS NAPLES FX 34110 CITY-ST-ZP NAPLES, FL 34110 CITY-ST-ZP Change TITLE VD X Delete TITLE ☐ Addition DAMANDL, GISELA NAME NAME STREET ADDRESS 15529 ROYAL FERN LANE NORTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CHY-ST-7P NN F Delete TITLE MEJAC, MIKE NAME NAME STREET ADDRESS 15553 ROYAL FERN LANE NORTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition

FILED

12. I hereby certify that the information supplied with this filling 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.

STREET ADORESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

City-St-7P

SIGNATURE: Jeny D. Somood ( Herry L. DAMANDL)	2/21/08	(239) 254-9104
Y SEENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Depe	Daytime Phone #

## 2007 NOT-FOR-PROFIT CORPORATION ATTACHMENT

	ANNUAL	KEPUKI						
1. Entity Name	MENT # N03121 ER VILLAS HOMEOWNERS	ASSOCIATION, IN	C.					
Principal Place of Business 15527 ROYAL FERN LANE N. NAPLES, FL 34110 US C/O FINANCIAL MANAGEMENT SER P.O. BOX 11496 NAPLES, FL 34101-1496		ervices	1405	U994	195			
Principel Place of Business - No P.O. Box # 3. Meiting Address		7 10	·	15				
Suite, Apt. #, etc. Suite, Apt. #, etc.			02192007 Chg-NP CR26037 (12/06)					
City & State		City & State		4. FEI Number 65-025392	9		olied For Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of St	atus Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Current R	tegistered Agent			7. Name and Add	reas of New Registe	ered Agent	
INSTANCE, M. C. 15527 ROYAL FERN LANE NORTH NAPLES, FL 34110				(P.O. Box Number is Not Acceptable)				
	City		City	FL 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 Jerry & Damon M. 2/28/05 Signature typed or printed nerve of requisioned agent and title of applicable. (NOTE: Regulated Agent applicable required when remaining) DATE								
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C		~	\$5.00 May Be Added to Fees		check payable to repartment of St	
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AN	OD DIRECTORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP	PD DACYI, WES 15503 ROYAL FERN LANE N. NAPLES, FL 34110	C Delete			y Wes 103 Royal 1 Ples, FL	Fern La. 34110	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAMANDL, JERRY 15553 ROYAL FERN LANE NOR NAPLES, FL 34110	□ Delete		ET ADDRESS /5 4	557 Royal oles, F.L. 3	Forn Lh.	, Maringe Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INSTANCE, MIKE 15527 ROYAL FERN LANE NOR NAPLES, FL 34110	<sub>e</sub> □ Delete TH		ET ADDRESS   ST-8P			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAMANDL, GISELA 15529 ROYAL FERN LANE NOR NAPLES, FL 34110	™ Deletes		E STADORESS /5	amm Ton 529 Roya ples FL.	;   Fara   34110	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D MEJAC, MIKE 15553 ROYAL FERN LANE NOR NAPLES, FL 34110	⊠ Detete		E Cope ET ADDRESS / 5 -ST-ZP No	ples FL.  - 110 Tom  525 Roya  aples FL.	1 Forn . 34110	□ Change	Addtion
TITLE MAME STREET ADDRESS CHTY-ST-ZIP		□ Delete	CITY-	E Et address -St-209		<u></u>	Change	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 the empowered.								