


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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

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

DOCUMENT # N03121			
1. Entity Name BELLE MER VILLAS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 15527 ROYAL FERN LANE N. NAPLES, FL 34110 US		Mailing Address C/O FINANCIAL MANAGEMENT SERVICES 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.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INSTANCE, M. C. 15527 ROYAL FERN LANE NORTH NAPLES, FL 34110		Name <u>DACY, WES</u> Street Address (P.O. Box Number is Not Acceptable) <u>15503 Royal Fern Ln N</u> <u>NAPLES, FL.</u> City <u>NAPLES</u> FL Zip Code <u>34110</u>	
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>Arthur W Dacy</u> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE <u>Arthur W Dacy</u> (NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD DACY, WES 15503 ROYAL FERN LANE N. NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DACY, WES 15503 Royal Fern Ln. N NAPLES, FL. 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAMANDL, JERRY 15553 ROYAL FERN LANE NORTH NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spa. - Theas. DAMANDL, JERRY 15557 Royal Fern Ln N NAPLES, FL. 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INSTANCE, MIKE 15527 ROYAL FERN LANE NORTH NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stamm, Tom; WD 15527 Royal Fern Ln. N NAPLES, FL. 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAMANDL, GISELA 15529 ROYAL FERN LANE NORTH NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carollo Tom 15525 Royal Fern Ln. N NAPLES, FL. 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJAC, MIKE 15553 ROYAL FERN LANE NORTH NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: <u>Jerry L. Damandl (Jerry L. DAMANDL)</u>		Date: <u>2/26/08</u> (239) 254-9104	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N03121					
1. Entity Name BELLE MER VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 15527 ROYAL FERN LANE N. NAPLES, FL 34110 US			Mailing Address C/O FINANCIAL MANAGEMENT SERVICES 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.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0253929	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INSTANCE, M. C. 15527 ROYAL FERN LANE NORTH NAPLES, FL 34110			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 <i>Jerry L. Damandl</i>			DATE <i>2/28/07</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		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	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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMANDL, JERRY		NAME		
STREET ADDRESS	15553 ROYAL FERN LANE NORTH		STREET ADDRESS	15557 Royal Fern Ln. N	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples, FL 34110	
TITLE	SD	<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	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	Casullo, 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: <i>Jerry L. Damandl</i>			Date: <i>02/28/07</i> (239) 254-9104		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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