


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90203 008 ****61.25

DOCUMENT # N04000009459 1. Entity Name VILLAS AT BELLECHASE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1700 SE 17TH STREET STE 300 OCALA, FL 34471	Mailing Address 1700 SE 17TH STREET STE 300 OCALA, FL 34471
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02242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 77-0631213	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent YOUNG, LARRY 1700 SE 17TH STREET STE 300 OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOYD, ROY T III 1700 SE 17TH STREET STE 300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST YOUNG, LARRY 1700 SE 17TH STREET STE 300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, TIM Y D 125 NE 1ST AVE STE 1 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Larry E Young Larry E Young 4-19-06 352-861-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #