


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90187 023 ****61.25

DOCUMENT # N04000009459 1. Entity Name THE VILLAGE AT BELLECHASE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1700 SE 17TH STREET STE 300 OCALA, FL 34471			Mailing Address 1700 SE 17TH STREET STE 300 OCALA, FL 34471		
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	
YOUNG, LARRY 1700 SE 17TH STREET STE 300 OCALA, FL 34471				Name <u>Young, Larry</u> Street Address (P.O. Box Number is Not Acceptable) <u>1720 SE 16th Ave.</u> <u>Bldg. 200</u> City <u>Ocala</u> FL Zip Code <u>34471</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>Larry E Young</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>4-16-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	DP BOYD, ROY T III 1700 SE 17TH STREET STE 300 Ocala, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boyd, Roy T. III 1720 SE 16th Ave. Bldg. 200 Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST YOUNG, LARRY 1700 SE 17TH STREET STE 300 Ocala, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Young, Larry 1720 SE 16th Ave. Bldg. 200 Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, TIM Y D 125 NE 1ST AVE STE 1 Ocala, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Haines, Tim D. 125 NE 1st Ave. Suite 1 Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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>Larry E Young</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4-16-07</u> <small>Daytime Phone #</small>	

40080954



03292007 Chg-NP CR2E037 (12/06)

4. FEI Number
77-0631213

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**