

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

1720 SE 16th Ave, #300 1720 SE 16th Ave, #300

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

YOUNG, LARRY  
1720 SE 16TH AVE  
BLDG 200  
OCALA, FL 34471



02082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 77-0631213	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**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

*Ray Thad Boyd III* 2-18-08

Filing Fee is \$61.25  
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME BOYD, ROY T III  
STREET ADDRESS 1700 SE 17TH STREET STE 300  
CITY-ST-ZIP OCALA, FL 34471

TITLE DST  
NAME YOUNG, LARRY  
STREET ADDRESS 1720 SE 16TH AVE BLDG 200  
CITY-ST-ZIP OCALA, FL 34471

TITLE D  
NAME HAINES, TIM Y D  
STREET ADDRESS 125 NE 1ST AVE. SUITE 1  
CITY-ST-ZIP OCALA, FL 34471

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: *Ray Thad Boyd, III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-08 352-861-2248