


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

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 047 ****61.25

DOCUMENT # N04000009459 1. Entity Name THE VILLAGE AT BELLECHASE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1700 SE 17TH STREET STE 300 OCALA, FL 34471 1720 SE 16th Ave, #200	Mailing Address 1700 SE 17TH STREET STE 300 OCALA, FL 34471 1720 SE 16th Ave, #200
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-NP CR2E037 (4/06)

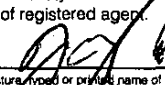
4. FEI Number 77-0631213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, LARRY
1720 SE 16TH AVE
BLDG 200
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:  **Roy Thad Boyd III** **2-18-08**
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 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. SUITE 1 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 reports 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:  **Roy Thad Boyd III** **2-18-08** **352-861-2248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #