


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000008391 1. Entity Name BELLEMONT FARMS PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1224 SE FORT KING STREET OCALA, FL 34471	Mailing Address 1224 SE FORT KING STREET OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3361620	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 DEBOLT, MARK C 1224 SE FORT KING STREET OCALA, FL 34471
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEBOLT, MARK C 1224 SE FORT KING STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST DRAKE, ROBERT P 1224 SE FORT KING STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAINES, TIM D 125 NE FIRST AVENUE 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	

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02/16/07-80033-004 61.25

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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>Mark C Debolt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/6/07 352-867-8137 <small>Date Daytime Phone #</small>
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