

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00044

Entity Name: THE VILLAS OF BELLEVIEW HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 05, 2024
Secretary of State
7577872528CC**Current Principal Place of Business:**5000 SE 110TH STREET
BELLEVIEW, FL 34421-0727**Current Mailing Address:**P.O. BOX 727
BELLEVIEW, FL 34421-0727 US**FEI Number: 59-2721564****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**O'BRIAN, EILEEN M
5017 SE 107TH PL
BELLEVIEW, FL 34420 US*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.***SIGNATURE:** EILEEN M O'BRIAN**02/05/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title SECRETARY
Name TOMPKE, SANDY
Address 5033 SE 108TH PL
City-State-Zip: BELLEVIEW FL 34420Title T
Name O'BRIAN, EILEEN M
Address 5017 SE 107TH PL
City-State-Zip: BELLEVIEW FL 34420Title MD
Name MEDLOCK, MIKE
Address 5036 SE 108TH ST
City-State-Zip: BELLEVIEW FL 34420Title VP
Name HAYES, SUSAN
Address 5029 SE 109TH PL
City-State-Zip: BELLEVIEW FL 34420Title PRESIDENT
Name POWERS, ALTHEA
Address 5002 SE 108TH ST
City-State-Zip: BELLEVIEW FL 34420

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EILEEN M O'BRIAN**TREASURER****02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date