

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Apr 25 1996 8:00 am  
Secretary of State

**DOCUMENT # 754102 (2)**  
1. Corporation Name  
**BELL VILLA PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**C/O ERICH TROST  
25501 TROST BLVD.  
BONITA SPRINGS FL 33923**      **C/O ERICH TROST  
25501 TROST BLVD.  
BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified: **09/09/1980**      3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **59-2377984**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**TROST, ERICH  
25501 TROST BLVD.  
BONITA SPGS FL 33923**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROST, ERICH</b>	1.2 NAME	
STREET ADDRESS	<b>6072 DREIEICH/PHIL LOLZM</b>	1.3 STREET ADDRESS	<b>25501 TROST BLVD.</b>
CITY-ST-ZIP	<b>WEST GERMANY</b>	1.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL. 33923</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, CHRIS</b>	2.2 NAME	
STREET ADDRESS	<b>7340 PROVINCE WAY #3107</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT, ROSE J.</b>	3.2 NAME	
STREET ADDRESS	<b>25501 TROST BLVD., SE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rose J. Albert **ROSE J. ALBERT**      4/17/96 (941)992-3030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)