

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90110 045 \*\*\*\*61.25

**DOCUMENT # 754102**  
 1. Entity Name  
**BELL VILLA PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business 24890 TROST BLVD BONITA SPRINGS FL 34135 US		Mailing Address 24890 TROST BLVD BONITA SPRINGS FL 34135-6497 US	
2. Principal Place of Business 12273 Isabella Drive Suite, Apt. #, etc.		3. Mailing Address 12273 Isabella Drive Suite, Apt. #, etc.	
City & State Bonita Springs, FL 34135		City & State Bonita Springs, FL 34135	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2377984</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BELL VILLA PROPERTY OWNERS ASSOC INC</b> 24890 TROST BLVD BONITA SPGS FL 34135		7. Name and Address of New Registered Agent Name <b>Bell Villa Property Owners Association, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12273 Isabella Drive</b> City <b>Bonita Springs, FL</b> Zip Code <b>34135</b>	
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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.

SIGNATURE *Meinhard Bosse* **Meinhard Bosse, President** **4/25/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHROT, ANNE <input checked="" type="checkbox"/> Delete 24890 TROST BLVD BONITA SPRINGS FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bosse, Meinhard 12273 Isabella Drive Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOSSE, MEINHARD <input checked="" type="checkbox"/> Delete 12273 ISABELLA DR BONITA SPGS FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Strickland, David 12321 Casals Lane Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHANDROCH, ADOLPH <input type="checkbox"/> Delete 24864 TROST BLVD BONITA SPRINGS FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Adolf First Name
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALDRON, ANDREA <input type="checkbox"/> Delete 24689 GALICIA AVE BONITA SPGS FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLOWRIGHT, CAROL <input type="checkbox"/> Delete 12261 ISABELLA DR BONITA SPGS FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Meinhard Bosse* **Meinhard Bosse, President** **4/25/00** **(941) 947-4980**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)