

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90204 023 \*\*\*\*61.25

0073434

**DOCUMENT # 754102**

1. Entity Name

**BELL VILLA PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

12273 ISABELLA DR  
 BONITA SPRINGS FL 34135  
 US

12273 ISABELLA DR  
 BONITA SPRINGS FL 34135  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2377984**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**653878**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL VILLA PROPERTY OWNERS ASSOC INC**  
**12273 ISABELLA DR**  
**BONITA SPGS FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
**PD BOSSE, MEINHARD**  
 STREET ADDRESS **12273 ISABELLA DR**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VPD STRICKLAND, DAVID**  
 STREET ADDRESS **12321 CASALS LN**  
 CITY-ST-ZIP **BONITA SPGS FL 34135**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VPD SCHANDROCH, ADOLF**  
 STREET ADDRESS **24864 TROST BLVD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE NAME  Change  Addition  
**VPD Helf, Klaus**  
 STREET ADDRESS **12317 Avida Lane**  
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE NAME  Delete  
**TD WALDRON, ANDREA**  
 STREET ADDRESS **24689 GALICIA AVE**  
 CITY-ST-ZIP **BONITA SPGS FL 34135**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**SD PLOWRIGHT, CAROL**  
 STREET ADDRESS **12261 ISABELLA DR**  
 CITY-ST-ZIP **BONITA SPGS FL 34135**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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 4/30/01 (941) 947-4930

CR2E037 (10/00)