

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90084 041 ****61.25

DOCUMENT # 704102 ✓
1. Entity Name
BELL VILLA PROPERTY OLWNER'S ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12326 ISABELLA DR
Suite, Apt. #, etc.
City & State
BONITA SPRINGS, FL
Zip Country
34135 USA

3. Mailing Address
12326 ISABELLA DR
Suite, Apt. #, etc.
City & State
BONITA SPRINGS, FL
Zip Country
34135 USA

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4. FEI Number
59-2377984
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
PATRICIA LUDWIG
Street Address (P.O. Box Number is Not Acceptable)
12326 ISABELLA DR
City BONITA SPRINGS, FL Zip Code 34135

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 *Patricia Ludwig* PATRICIA LUDWIG, TREASURER 4/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
P	JACOB HAMMERLE 12286 ISABELLA DR BONITA SPRINGS, FL 34135		
VP	MARIO PIRELLO 12317 ARVIDA LAND BONITA SPRINGS, FL 34135		
VP	RICHARD BRUNETTI 12314 ISABELLA DR BONITA SPRINGS, FL 34135		
S	ROSA MARIA FROSCHAUER 24872 TROST BLVD BONITA SPRINGS, FL 34135		
T	PATRICIA LUDWIG 12326 ISABELLA DR BONITA SPRINGS, FL 34135		

DO NOT WRITE IN THIS SPACE

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Ludwig* 4/12/02 239-948-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)