


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90440 019 \*\*\*\*61.25

**DOCUMENT # 754102**

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




Principal Place of Business  
 12325 CASALS LN  
 BONITA SPRINGS, FL 34135 US

Mailing Address  
 12325 CASALS LN  
 BONITA SPRINGS, FL 34135 US

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04282004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2377984**

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

6. Name and Address of Current Registered Agent

**SHERMAN, BEVERLY A**  
**12325 CASALS LN**  
**BONITA SPGS, FL 34135**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMMERLE, JACOB	
STREET ADDRESS	12286 ISABELLA DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PIRELLO, MARIO	
STREET ADDRESS	12317 ARVIDA LAND	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VDP	<input checked="" type="checkbox"/> Delete
NAME	COOPLAND, MARY	
STREET ADDRESS	12300 CASALS LN	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FROSCHAUER, ROSA MARIA	
STREET ADDRESS	24872 TROST BLVD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHERMAN, BEVERLY A	
STREET ADDRESS	12325 CASALS LN	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VDP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH SOMMER	
STREET ADDRESS	12316 AVIDALANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Beverly A. Sherman* **BEVERLY A. SHERMAN** 04-30-04 (239) 947-5722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #