


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90095 049 ****61.25

DOCUMENT # 754102

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



Principal Place of Business
24872 TROST BLVD
BONITA SPRINGS, FL 34135 US

Mailing Address
24872 TROST BLVD
BONITA SPRINGS, FL 34135 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

03092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2377984

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FROSCHAUER, ROSA
24872 TROST BLVD
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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
 NAME **HAMMERLE, JACOB**
 STREET ADDRESS **12286 ISABELLA DR**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **VPD** Change Addition
 NAME **SWAN, DENNIS**
 STREET ADDRESS **12320 AVIDA LANE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **VPD** Delete
 NAME **DONOFRIO, DIANE**
 STREET ADDRESS **24869 QUIXOTE AVE**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SOMMER, JOSEPH**
 STREET ADDRESS **12316 AVIDALANE**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **FROSCHAUER, ROSA MARIA**
 STREET ADDRESS **24872 TROST BLVD**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **HOOD, TIFFANI**
 STREET ADDRESS **12884 SORIA LN**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **TD** Change Addition
 NAME **LINDA M. MORAWSKI**
 STREET ADDRESS **12281 CASALS LANE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Linda M. Morawski **LINDA M. MORAWSKI** **3/13/06** **(239)498-3928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #