


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90092 009 ****61.25

DOCUMENT # N00298 1. Entity Name BELLA LAGO HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1650 N MILITARY TR #102 WEST PALM BEACH FL 33409 US	Mailing Address 1650 N MILITARY TR #102 WEST PALM BEACH FL 33409 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4010 South 57th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. #204
City & State	City & State Greenacres
Zip	Country FL.
Country	Zip 33403

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2368118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
ST JOHN CORE FIORE & LEMME PA 1601 FORUM PLACE, SUITE 701 WEST PALM BEACH FL 33401	
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

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTY, JOHN	NAME	
STREET ADDRESS	7744 PETERS RD #312	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISTADIO, GIOVANNI	NAME	
STREET ADDRESS	1779 N CONGRESS AVE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIESSEN, MICHELLE	NAME	
STREET ADDRESS	1650 A MILITARY TR. #102	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2-25-08** **561-721-3511**