

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00298

**Entity Name:** BELLA LAGO HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**7253708688CC**

**Current Principal Place of Business:**

DAVENPORT PROFESSIONAL PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

DAVENPORT PROFESSIONAL PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467 US

**FEI Number: 59-2368118**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

IGLESIAS LAW GROUP  
15800 PINES BLVD.  
SUITE 303  
PEMBROKE PINES, FL 33027 US

*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: DAVID IGLESIAS**

**04/30/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SRINIVASAN, SRIRAM  
Address        DAVENPORT PROFESSIONAL  
PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            STEPHENS, ERNIE  
Address        DAVENPORT PROFESSIONAL  
PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            VIDAL, VERONICA  
Address        DAVENPORT PROFESSIONAL  
PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            ALESSIO, JOSEPH  
Address        DAVENPORT PROFESSIONAL  
PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            MYERS, G SPENCER  
Address        DAVENPORT PROFESSIONAL  
PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SRIRAM SRINIVASAN**

**PRESIDENT**

**04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date