

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004100

FILED
Mar 26, 2008
Secretary of State

Entity Name: BELLA NOTTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8175 PROMENADE
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530066
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 05-0532936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARGREAVES, MIKE
8357 VIA VERONA
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARGREAVES, MIKE
Address: 8357 VIA VERONA
City-St-Zip: ORLANDO, FL 32836

Title: TD (X) Delete
Name: SICA, ANGELO
Address: 8606 VIA BELLA NOTTE
City-St-Zip: ORLANDO, FL 32836

Title: SD () Delete
Name: ROBINSON, VICKI
Address: 8569 VIA BELLA NOTTE
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: JOSEPHS, DEL
Address: 8520 VIA BELLE NOTTE
City-St-Zip: ORLANDO, FL 32836

Title: VPD () Delete
Name: VALENTINE, MARITA
Address: 8150 VIA BELLA NOTTE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARGREAVES, MIKE
Address: 8357 VIA VERONA
City-St-Zip: ORLANDO, FL 32836

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: JOSEPHS, DEL
Address: 8520 VIA BELLE NOTTE
City-St-Zip: ORLANDO, FL 32836

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIKE HARGREAVES

D

03/26/2008

Electronic Signature of Signing Officer or Director

Date