

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004100

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

8400 THE ESPLANADE  
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:**

TAYLOR & CARLS, P.A.  
150 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 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: DP  
Name: TENTLER, SUSAN  
Address: 8260 VIA VERONA  
City-St-Zip: ORLANDO, FL 32836

Title: D  
Name: MARTELL, LUIS  
Address: 8333 VIA BELLA NOTTE  
City-St-Zip: ORLANDO, FL 32836

Title: DS  
Name: LEWIS, WHITEFORD  
Address: 8224 VIA BELLE NOTTE  
City-St-Zip: ORLANDO, FL 32836

Title: VPD  
Name: POLO, JACQUE  
Address: 8606 VIA BELLE NOTTE  
City-St-Zip: ORLANDO, FL 32836

Title: TD  
Name: KITT, ROSS  
Address: 8544 VIA BELLA NOTTE  
City-St-Zip: ORLANDO, FL 32836

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: SUSAN TENTLER

DP

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date