

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 08, 2004  
Secretary of State**

DOCUMENT# N03000009260

Entity Name: BELLE LAGO HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

28341 SOUTH TAMIAMI TRAIL, SUITE 4  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

28341 SOUTH TAMIAMI TRAIL, SUITE 4  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 51-0495145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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: MANNERS, JIM  
Address: 28341 SOUTH TAMIAMI TRAIL, SUITE 4  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete  
Name: LOFTUS, BRIAN  
Address: 28341 SOUTH TAMIAMI TRAIL, SUITE 4  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD ( ) Delete  
Name: THIRTYACRE, KEN  
Address: 28341 SOUTH TAMIAMI TRAIL, SUITE 4  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIM MANNERS

P

07/08/2004

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

\_\_\_\_\_  
Date