


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90240 047 \*\*\*\*70.00

**DOCUMENT # N03000009260**

1. Entity Name  
**BELLE LAGO HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**28341 SOUTH TAMIAMI TRAIL, SUITE 4  
 BONITA SPRINGS, FL 34134**


Mailing Address  
**28341 SOUTH TAMIAMI TRAIL, SUITE 4  
 BONITA SPRINGS, FL 34134**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**5067 Tamiami Trail East**  
 Suite, Apt. #, etc.

City & State  
**Naples, FL**

Zip Country Zip Country  
**34113**



04132005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**51-0495145**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**F&L CORP.  
 ONE INDEPENDENT DRIVE  
 SUITE 1300  
 JACKSONVILLE, FL 32202**

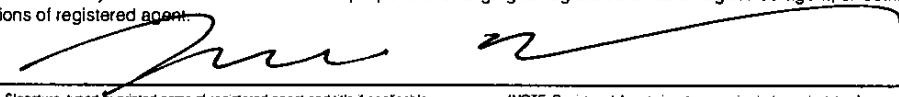
**7. Name and Address of New Registered Agent**

Name  
**Cardinal Management Group of South Florida, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**5067 Tamiami Trail East**

City **Naples** FL Zip Code **34113**

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  DATE **4/29/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MANNERS, JIM 28341 SOUTH TAMIAMI TRAIL, SUITE 4 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD LOFTUS, BRIAN 28341 SOUTH TAMIAMI TRAIL, SUITE 4 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD THIRTYACRE, KEN 28341 SOUTH TAMIAMI TRAIL, SUITE 4 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD HAINS, GARY 28341 SOUTH TAMIAMI TRAIL, SUITE 4 BONITA SPRINGS, 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD KENNEDY, ROBERT 28341 SOUTH TAMIAMI TRAIL, SUITE 4 BONITA SPRINGS, 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **4/29/05** 239-549-2304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR