

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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

3. Mailing Address
5067 Tamiami Trail East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Naples, FL

Zip

Country

Zip
34113

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
LOFTUS, BRIAN
28341 SOUTH TAMIAMI TRAIL, SUITE 4
BONITA SPRINGS, FL 34134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
THIRTYACRE, KEN
28341 SOUTH TAMIAMI TRAIL, SUITE 4
BONITA SPRINGS, FL 34134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ 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** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
KENNEDY, ROBERT
28341 SOUTH TAMIAMI TRAIL, SUITE 4
BONITA SPRINGS, 34134** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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:

Jim MANNERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 239-549-2304

Date Daytime Phone #