
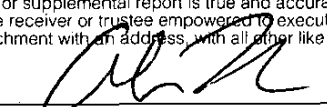


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90102 006 ****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 5067 TAMIAMI TRAIL EAST NAPLES, FL 34113		
2. Principal Place of Business <i>5067 Tamiami Tr. E</i>		3. Mailing Address <i>5067 Tamiami Tr. E</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Naples, FL</i>		City & State <i>Naples, FL</i>		4. FEI Number 51-0495145	
Zip <i>34113</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARDINAL MGNT. GROUP OF S. FL, INC. 5067 TAMIAMI TRAIL EAST NAPLES, FL 34113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNERS, JIM 28341 SOUTH TAMIAMI TRAIL, SUITE 4 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark Grasser 28341 S. Tamiami Trail, Suite 4 Bonita Springs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAINS, GARY 28341 S TAMIAMI TRAIL, SUITE 4 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sam Person 8780 Largo Mar Drive Fort Myers, FL 33912	<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, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained 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 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: 			4/20/06 (239) 774-0723		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		