2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009260

1. Entity Name
BELLE LAGO HOMEOWNERS ASSOCIATION, INC.



FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90076 043 ****70.00

		·	18.00							
Principal Plac 5067 TAMIAI NAPLES, FL	NI TR EAST	Mailing Address 5067 TAMIAMI TR EAST NAPLES, FL 34113	1							
				-						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0410	02008 _C	hg-NP	CR2E03	37 (12/06)		
City & State		City & State			Number 1-049514	45		— — —	plied For	
Zip	Country	Zip	Country	5 . Ce	ertificate of Si	tatus Desired		\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent	1	7. Na	me and Add	dress of New F		···		
			Name	7. Name and Address of New Registered Agent Name						
	_MGNT. GROUP OF S. FL, IN IAMI TRAIL EAST FL 341.13	IC.	Street Add	dress (P.O. Box	x Number is	Not Acceptable	e)			
,	***************************************									
			City				FL	Zip Code	е	
	named entity submits this statement for	or the purpose of changing its reg	istered office or re	registered agen	nt, or both, in	the State of Flo	orida, Lam	familiar with,	and accept	
the obligat	ions of registered agent.									
SIGNATURE .										
0.0.0.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature	a required when reins	stating)		OATE			
Filing Fee is \$61.25 9. Election Campaign Trust Fund Contrib			·	\$5.00	0 May Be	1		payable to		
		Truck Fund Cont	ا مداد بطاعه	7 ii			-id- Dana-			
	Due by May 1, 2008	Trust Fund Cont		☐ Added		<u> </u>	rida Depar			
10.	OFFICERS AND DI	RECTORS	11.	Added ADDITIO		ES TO OFFICE	· · · · · · · · · · · · · · · · · · ·	RECTORS IN	110	
10. TITLE NAME			11.	Added ADDITIO	ONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS	OFFICERS AND DI P GRASSER, MARK 28341 SOUTH TAMIAMI TRAIL,	RECTORS Delete	11. TITLE Y NAME STREET ADDRESS	Added ADDITION P Serve Co	ortlar outhar	ES TO OFFICE	ERS AND DI	RECTORS IN Change	10 Addition	
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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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #