
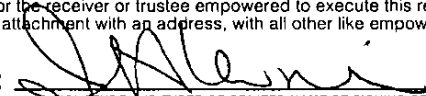


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N03000009260 1. Entity Name BELLE LAGO HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5067 TAMiami TR EAST NAPLES, FL 34113			Mailing Address 5067 TAMiami TR EAST NAPLES, FL 34113		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0495145	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		04102008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARDINAL MGNT. GROUP OF S. FL, INC. 5067 TAMiami TRAIL EAST NAPLES, FL 34113				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2008		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 P	<input checked="" type="checkbox"/> Delete		TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME GRASSER, MARK			NAME Gere Gortlan		
STREET ADDRESS 28341 SOUTH TAMiami TRAIL, SUITE 4			STREET ADDRESS 28341 South Tamiami Trail, Suite 4		
CITY-ST-ZIP BONITA SPRINGS, FL 34134			CITY-ST-ZIP Bonita Springs, FL 34134		
TITLE D	<input checked="" type="checkbox"/> Delete		TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME PERSON, SAM			NAME Gary Hains		
STREET ADDRESS 8780 LARGO MAR DR			STREET ADDRESS 28341 South Tamiami Trail, Suite 4		
CITY-ST-ZIP FORT MYERS, FL 33912			CITY-ST-ZIP Bonita Springs, FL 34134		
TITLE VP	<input checked="" type="checkbox"/> Delete		TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME DEMPSEY, STEVE			NAME Chad Boisselle		
STREET ADDRESS 28341 S. TAMiami TRAIL #4			STREET ADDRESS 28341 South Tamiami Trail, Suite 4		
CITY-ST-ZIP BONITA SPRINGS, FL 34134			CITY-ST-ZIP Bonita Springs, FL 34134		
TITLE S	<input checked="" type="checkbox"/> Delete		TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME WERCHER, KATIE			NAME Janice Lounsbach		
STREET ADDRESS 28341 S. TAMiami TRAIL #4			STREET ADDRESS 19715 Maddelena Circle		
CITY-ST-ZIP BONITA SPRINGS, FL 34134			CITY-ST-ZIP Fort Myers, FL 33916		
TITLE D	<input checked="" type="checkbox"/> Delete		TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME SCHWARTZ, MARTIN			NAME Daniel Snyder		
STREET ADDRESS 19003 MADDELENA CIR			STREET ADDRESS 8839 Largo Mar Drive		
CITY-ST-ZIP FORT MYERS, FL 33967			CITY-ST-ZIP Fort Myers, FL 33916		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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: 			4/18/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		