

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004488

FILED  
Apr 10, 2007  
Secretary of State

**Entity Name:** BELLAGIO AT THE COLONY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

23730 NAPOLI WAY  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 367405  
BONITA SPRINGS, FL 34136

**New Mailing Address:**

**FEI Number:** 90-0035531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, GARY K  
5801 PELICAN BAY BLVD STE 300  
NAPLES, FL 341082709 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRANE, HAL  
Address: 23730 NAPOLI WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: COVERICK, WILLIAM T  
Address: 4620 VIA CAPPELLO  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: SHARPIN, DON K  
Address: 23791 NAPOLI WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: HOWARD, MARVIN E  
Address: 23741 NAPOLI WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: O ( ) Change (X) Addition  
Name: ALBERTS, WILLIAM  
Address: 23770 NAPOLI WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN E. HOWARD

O

04/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date