

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90114 033 ****61.25

DOCUMENT # N05000004488	
1. Entity Name BELLAGIO AT THE COLONY HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4620 VIA CAPPELLO BONITA SPRINGS FL 34134	Mailing Address PO BOX 367405 BONITA SPRINGS FL 34136
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 90-0035531	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COVERICK, WILLIAM T 4620 VIA CAPPELLO BONITA SPRINGS FL 34134	
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7. Name and Address of New Registered Agent	
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 _____	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
D CRANE, HAL 23730 NAPOLI WAY BONITA SPRINGS FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D COVERICK, WILLIAM T 4620 VIA CAPPELLO BONITA SPRINGS FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
D SHARPIN, DON K 23791 NAPOLI WAY BONITA SPRINGS FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
O HOWARD, MARVIN E 23741 NAPOLI WAY BONITA SPRINGS FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
O ALBERTS, WILLIAM 23770 NAPOLI WAY BONITA SPRINGS FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DIRECTOR	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DIRECTOR	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
DIRECTOR	☒ 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 exemptions contained in Section 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: *MARVIN E. HOWARD* 4-16-08 239-947-9491