


FILED
Mar 06, 2006 8:00 am
Secretary of State

02-13-2006 90012 032 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N05000008745			
1. Entity Name BELLA-LAGO AT VIVANTE NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 4501 TAMiami TRAIL N SUITE 300 NAPLES, FL 34103		Mailing Address 4501 TAMiami TRAIL N SUITE 300 NAPLES, FL 34103	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-4397912	
		Applied For Not Applicable	
		5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILEMAN, ARIANA R 1107 W MARION AVE SUITE 112 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Stock Community Services LLC Street Address (P.O. Box Number is Not Acceptable) 4980 TAMiami TRAIL NORTH Suite #101 City NAPLES FL Zip Code 34103	
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 <u><i>Sandra Holdsworth</i></u> 1-20-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$81.25 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	D TIEFENBACH, RENEE 4501 TAMiami TRAIL N SUITE 300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLAINE SPEVEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4501 TAMiami TRAIL NORTH #300 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILBOURN, SHERYL 4501 TAMiami TRAIL N SUITE 300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANDRA HOLLOSWORTH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4501 TAMiami TRAIL N. SUITE 300 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOSWORTH, SANDRA 4501 TAMiami TRAIL N SUITE 300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VALERIE SCHECHINGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4501 TAMiami TRAIL NORTH #300 NAPLES, FL 34103
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: <u><i>Sandra Holdsworth</i></u> SANDRA HOLLOSWORTH 1-17-06 239-261-9235 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



ATTACHMENT

66003636

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

BELLA LAGO AT VIVANTE NEIGHBORHOOD ASSOCIATION, INC.
4501 TAMiami TRAIL N SUITE 300
NAPLES, FL 34103

Subject: **BELLA LAGO AT VIVANTE NEIGHBORHOOD ASSOCIATION, INC.**

Reference Number:

N05000008745

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION