


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90033 015 ****61.25

DOCUMENT # N94000002798 1. Entity Name BELLE MEADE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 11595 KELLY RD STE 309 FORT MYERS, FL 33908			Mailing Address 11595 KELLY RD STE 309 FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0696078	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ONEILL, ARLENE C/O COASTAL ASSA DISTRICT OF LEE CITY, INC 11595 KELLY RD #309 FORT MYERS, FL 33908				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 GEEGAN, WILLIAM 8631 BELLE MEADE DRIVE FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTONI, NICHOLAS 4227 S.W. 1st AVE CAPE CORAL, FL 33914	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCHIBALE, JANEANNE 8621 BELLE MEADE DR LOT 11 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D CAMPBELL, MONTGOMERY 8701 BELLE MEADE DR. FT. MYERS, FL 33908	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMON, THOMAS 8551 BELLE MEADE DR LOT 35 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D [Blank]	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIM, JENNIFER 8530 BELLE MEADE DRIVE FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D FULTON, BRIAN 8480 BELLE MEADE DR. FT. MYERS, FL 33908	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZUR, VIRGINIA 8480 BELLE MEADE DRIVE FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZUR, KENNETH	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/> Delete				
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>Thomas R. Simon</u> THOMAS R. SIMON 4/11/07 239-454-7176 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR Date Daytime Phone #</small>					