

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90238 004 \*\*\*\*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**

**40091196**



04102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0696078**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ONEILL, ARLENE  
C/O COASTAL ASSA DISTRICT OF LEE CITY, INC  
11595 KELLY RD #309  
FORT MYERS, FL 33908**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATTONI, NICHOLAS
STREET ADDRESS	4227 S.W. 1ST AVE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	STD
NAME	CAMPBELL, MONTGOMERY
STREET ADDRESS	8701 BELLE MEADE DR.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	PD
NAME	SIMON, THOMAS
STREET ADDRESS	8551 BELLE MEADE DR LOT 35
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VD
NAME	FULTON, BRIAN
STREET ADDRESS	8480 BELLE MEADE DR.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	MAZUR, KENNETH
STREET ADDRESS	8460 BELLE MEADE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #