

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002798

FILED
May 01, 2009
Secretary of State

Entity Name: BELLE MEADE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11595 KELLY RD
STE 309
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

11595 KELLY RD
STE 309
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0696078 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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 US

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: MATTONI, NICHOLAS
Address: 4227 S.W. 1ST AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: STD () Delete
Name: CAMPBELL, MONTGOMERY
Address: 8701 BELLE MEADE DR.
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: SIMON, THOMAS
Address: 8551 BELLE MEADE DR LOT 35
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: FULTON, BRIAN
Address: 8480 BELLE MEADE DR.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: MAZUR, KENNETH
Address: 8460 BELLE MEADE DRIVE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BISIGNANI, WILLIAM
Address: 8510 BELLE MEADE DRIVE
City-St-Zip: FORT MYERS, FL 33908

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

Title: D (X) Change () Addition
Name: FIRESTONE, GARY
Address: 17351 CARDEN COURT
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN FULTON

VD

05/01/2009

Electronic Signature of Signing Officer or Director

Date