

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002798

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** BELLE MEADE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957

**New Principal Place of Business:**

1490 NE PINE ISLAND ROAD  
8D  
CAPE CORAL, FL 33909

**Current Mailing Address:**

C/O ISLAND MANAGEMENT  
PO BOX 100  
SANIBEL, FL 33957

**New Mailing Address:**

P.O. BOX 1848  
FORT MYERS, FL 33902

**FEI Number:** 65-0696078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACKESY, STEVEN  
C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

SILVERCRESTED MANAGEMENT LLC  
1490 NE PINE ISLAND ROAD  
8D  
CAPE CORAL, FL 33909 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: MICHELLE COLLINS

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MATTONI, NICHOLAS  
Address: 4227 S.W. 1ST AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

Title: STD  
Name: CAMPBELL, MONTGOMERY  
Address: 8701 BELLE MEADE DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: PD  
Name: CAVENAGO, CARLOS  
Address: 8610 BELLE MEADE DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: FULTON, BRIAN  
Address: 8480 BELLE MEADE DRIVE  
City-St-Zip: FORT MYERS, FL 33908

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

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE COLLINS

CAM

04/23/2012

Electronic Signature of Signing Officer or Director

Date