


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003633	
1. Entity Name BELL LAKE ASSOCIATION, INC.	

Principal Place of Business 4607 ROBERTS RD LAND O LAKES, FL 34639-1987 US	Mailing Address P.O. BOX 1123 LAND O LAKES, FL 34639 US
--	---



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3447214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUENZEL, DIANE V 4111 LAND O' LAKES BLVD, SUITE 302-D LAND O' LAKES, FL 34639

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title (if applicable).

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOHENTHANER, VANCE 22008 YACHT CLUB TERRACE LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAROCCA, KRISTINA 22128 HALE RD. LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFFMAN, LESLIE E 4607 ROBERTS RD LAND O LAKES, FL 346391987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCIONTI, JENNIE P 4415 DEERHOUND DR. LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: *Jennie Scionti* **1-13-06 (813) 469-3362**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #