2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N04000011000

Entity Name: BELLEZZA AND AVALLONE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8200 HEALTH CENTER BLVD - STE 101
BONITA SPRINGS, FL 34135

New Principal Place of Business:

10621 AIRPORT PULLING RD N
SUITE 8
NAPLES, FL 34109

Current Mailing Address:

8200 HEALTH CENTER BLVD - STE 101
BONITA SPRINGS, FL 34135

New Mailing Address:

10621 AIRPORT PULLING RD N
SUITE 8
NAPLES, FL 34109

FEI Number: 20-1932618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R&A AGENTS, INC.
ATTN: STEVEN I. WINER, ESQ
2320 FIRST ST - STE 1000
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

AMERICAN PROPERTY MGT
10621 AIRPORT PULLING RD. N.
SUITE 8
NAPLES, FL 34109 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: KENT KOLEGUE 04/18/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: COLTON, JERRY E
Address: 8200 HEALTH CENTER BLVD - STE 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD ( ) Delete
Name: JENKINS, FRANK R
Address: 8200 HEALTH CENTER BLVD - STE 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD ( ) Delete
Name: JENKINS, KERRI A
Address: 8200 HEALTH CENTER BLVD - STE 101
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KENT KOLEGUE MA 04/18/2005
Electronic Signature of Signing Officer or Director Date