2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-22-2007 90011 031 ****61.25

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

Principal Place of Business	Mailing Address
10621 AIRPORT PULLING RD N	10621 AIRPORT PULLING RD N
SUITE 8	SUITE 8
NAPLES, FL 34109	NAPLES, FL 34109

02202007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2220 J and C Blvd	2220 J and C Blvd
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Naples FL.	City & State: Naples
Zip: 34109 Country: USA	Zip: 34109 Country: USA

4. FEI Number 20-1932618 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN PROPERTY MGT
10621 AIRPORT PULLING RD. N.
SUITE 8
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: C & L Management Services
Street Address (P.O. Box Number is Not Acceptable): 2220 J and C Blvd Suite 1
City: Naples FL Zip Code: 34109

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: Management Agent
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	VPD	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	COLTON, JERRY E		NAME
STREET ADDRESS	8200 HEALTH CENTER BLVD - STE 101		STREET ADDRESS
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP
TITLE	SD	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	JENKINS, FRANK R		NAME
STREET ADDRESS	8200 HEALTH CENTER BLVD - STE 101		STREET ADDRESS
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP
TITLE	PD	X Delete	TITLE ☐ Change ☐ Addition
NAME	JENKINS, KERRI A		NAME
STREET ADDRESS	8200 HEALTH CENTER BLVD - STE 101		STREET ADDRESS
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: Robert Titus — 3-20-07 — 239-596-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #