
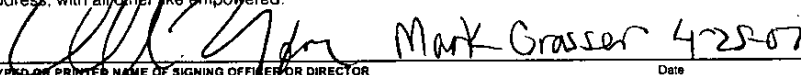


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90008 004 ****70.00

DOCUMENT # N03000009260					
1. Entity Name BELLE LAGO HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5067 TAMiami TR EAST NAPLES, FL 34113			Mailing Address 5067 TAMiami TR EAST NAPLES, FL 34113		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0495145	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDINAL MGNT. GROUP OF S. FL, INC. 5067 TAMiami TRAIL EAST NAPLES, FL 34113			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	POA	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRASSER, MARK		NAME	GRASSER, MARK	
STREET ADDRESS	28341 SOUTH TAMiami TRAIL, SUITE 4		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERSON, SAM		NAME	STEVE DEMASEY	
STREET ADDRESS	8780 LARGO MAR DR		STREET ADDRESS	28341 S TAMiami TRAIL #4	
CITY-ST-ZIP	FORT MYERS, FL 33942 33967		CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, ROBERT		NAME	LATIE WERCHER	
STREET ADDRESS	28341 SOUTH TAMiami TRAIL, SUITE 4		STREET ADDRESS	28341 S TAMiami TRAIL #4	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	MARTIN SCHWARTZ	
STREET ADDRESS			STREET ADDRESS	19603 Maddelena Cir	
CITY-ST-ZIP			CITY-ST-ZIP	FORT MYERS, FL 33967	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 4-25-07		Daytime Phone #: 239-774-0723	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					