


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90076 043 ****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		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARDINAL MGNT. GROUP OF S. FL, INC. 5067 TAMiami TRAIL EAST NAPLES, FL 34113			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRASSER, MARK		NAME	<i>Gene Gortlan</i>	
STREET ADDRESS	28341 SOUTH TAMiami TRAIL, SUITE 4		STREET ADDRESS	<i>28341 South Tamiami Trail, Suite 4</i>	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	<i>Bonita Springs, FL 34134</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERSON, SAM		NAME	<i>Gary Hains</i>	
STREET ADDRESS	8780 LARGO MAR DR		STREET ADDRESS	<i>28341 South Tamiami Trail, Suite 4</i>	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	<i>Bonita Springs, FL 34134</i>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMPSEY, STEVE		NAME	<i>Chad Boisselle</i>	
STREET ADDRESS	28341 S. TAMiami TRAIL #4		STREET ADDRESS	<i>28341 South Tamiami Trail, Suite 4</i>	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	<i>Bonita Springs, FL 34134</i>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERCHER, KATIE		NAME	<i>Janice Lounsbach</i>	
STREET ADDRESS	28341 S. TAMiami TRAIL #4		STREET ADDRESS	<i>19715 Maddelena Circle</i>	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	<i>Fort Myers, FL 33916</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, MARTIN		NAME	<i>Daniel Snyder</i>	
STREET ADDRESS	19003 MADDELENA CIR		STREET ADDRESS	<i>8839 Largo Mar Drive</i>	
CITY-ST-ZIP	FORT MYERS, FL 33967		CITY-ST-ZIP	<i>Fort Myers, FL 33916</i>	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/08 <small>Date</small>		
			<small>Daytime Phone #</small>		