

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 04, 2009
Secretary of State

DOCUMENT# N04000011000

Entity Name: BELLEZZA AND AVALLONE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2220 J AND C BLVD
SUITE 1
NAPLES, FL 34109 US**New Principal Place of Business:**BELLEZZA & AVALLONE
BONITA SPRINGS, FL 34135 US**Current Mailing Address:**2220 J AND C BLVD
SUITE 1
NAPLES, FL 34109 US**New Mailing Address:**C/O KEB MANAGEMENT
6017 PINE RIDGE ROAD #262
NAPLES, FL 34119 US**FEI Number:** 20-1932618**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C & L MANAGEMENT SERVICES
2220 J AND C BLVD
SUITE 1
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**BLOOM, KENNETH E PRES
28121 PALMIRA BLVD
BONITA SPRINGS, FL 34135 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: KENNETH BLOOM

06/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LAFOLLETTE, KAREN L
Address: 8200 HEALTH CENTER BLVD, STE 101
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: VP () Delete
Name: COLTON, JERRY E
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: VP (X) Change () Addition
Name: POTTER, BEN
Address: 14507 LIETO LANE
City-St-Zip: BONITA SPRINGS, FL 34135

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JERRY COLTON

P

06/04/2009

Electronic Signature of Signing Officer or Director

Date