

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009260

**Entity Name:** BELLE LAGO HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

19701 LA SERENA DR  
FT MYERS, FL 33967

**FILED**  
**May 05, 2020**  
**Secretary of State**  
**0169384576CC**

**Current Mailing Address:**

19701 LA SERENA DR  
FT MYERS, FL 33967

**FEI Number: 51-0495145**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RICHARD, DEBOEST D  
2030 MCGREGOR BOULEVARD  
FT MYERS, FL 33967 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCAMURRA, SUSAN  
Address        19797 MADDELENA  
City-State-Zip: FT MYERS FL 33967

Title            VP  
Name            FOSS, EDWARD  
Address        19825 CASA VERDE WAY  
City-State-Zip: FT MYERS FL 33967

Title            SECRETARY  
Name            WELLMAN, RODNEY  
Address        19303 LA SERENA DRIVE  
City-State-Zip: FORT MYERS FL 33967

Title            TREASURER  
Name            BRIGHT, SHAWN  
Address        19352 LA SERENA DRIVE  
City-State-Zip: FT MYERS FL 33967

Title            DIRECTOR  
Name            AURITI, DANIEL  
Address        8799 LARGO MAR DRIVE  
City-State-Zip: FT MYERS FL 33967

Title            DIRECTOR  
Name            SCHWARTZ, MARTIN  
Address        19603 MADDELENA  
City-State-Zip: FT MYERS FL 33967

Title            DIRECTOR  
Name            BARCELLONA, THOMAS  
Address        8807 LARGO MAR DRIVE  
City-State-Zip: FORT MYERS FL 33967

*I hereby 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 all other like empowered.*

**SIGNATURE: SUSAN SCAMURRA**

**PRESIDENT**

**05/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date