

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011000

**Entity Name:** BELLEZZA AND AVALLONE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 06, 2019**  
**Secretary of State**  
**8713192384CC**

**Current Principal Place of Business:**

BELLEZZA & AVALLONE  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

C/O KEB MANAGEMENT  
6017 PINE RIDGE ROAD #262  
NAPLES, FL 34119 US

**FEI Number: 20-1932618**

**Certificate of Status Desired: No**

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

BLOOM, KENNETH EPRES  
11100 BONITA BEACH ROAD  
101  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP, SECRETARY  
Name MURAWSKI, CHET  
Address 14553 CARINO TER  
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT  
Name FONTAINE, HARVEY  
Address 14542 LIETO LANE  
City-State-Zip: BONTIA SPRINGS FL 34135

Title TREASURER  
Name HOLTZ, JOHN  
Address 14527 LIETO LANE  
City-State-Zip: BONTIA SPRINGS FL 34135

*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: HARVEY FONTAINE**

**P**

**04/06/2019**

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

\_\_\_\_\_  
Date