2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N03000008492

Entity Name: BELLASERA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6620 ESTERO BLVD
FT MYERS BCH, FL 33931

New Principal Place of Business:

Current Mailing Address:

6620 ESTERO BLVD
FT MYERS BCH, FL 33931

New Mailing Address:

FEI Number: 20-0277610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOGEL, JAMES D
3936 TAMIAMI TRAIL NORTH STE B
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LAWRENCE, DAVID
Address: 1125 S FRONTAGE RD STE 4
City-St-Zip: HASTINGS, MN 55033

Title: DV ( ) Delete
Name: FLUEGEL, DONALD
Address: 1303 S FRONTAGE RD STE 5
City-St-Zip: HASTINGS, MN 55033

Title: DS ( ) Delete
Name: VOGEL, JAMES D
Address: 3926 TAMIAMI TRAIL NORTH, STE B
City-St-Zip: NAPLES, FL 34103

Title: DT ( ) Delete
Name: SWANSON, ROBERT
Address: 1125 S FRONTAGE RD STE 4
City-St-Zip: HASTING, MN 55033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT SWANSON DT 04/28/2005

Electronic Signature of Signing Officer or Director — Date