2006 NOT-FOR-PROFIT CORPORATION

Aug 21, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N03000008492 08-21-2006 90004 043 ****61.25 BELLASERA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 6620 ESTERO BLVD 6620 ESTERO BLVD FT MYERS BCH, FL 33931 FT MYERS BCH, FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06022006 Chg-NP CR2E037 (4/06) 4. FEI Number 20-0277610 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VOGEL, JAMES D 3936 TAMIAMI TRAIL NORTH STE B Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34103 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAWRENCE, DAVID NAME NAME 1125 S FRONTAGE RD STE 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HASTINGS, MN 55033 CITY-ST-ZIP DV TITLE ☐ Delete TITLE ☐ Change Addition FLUEGEL, DONALD NAME NAME STREET ADDRESS 1303 S FRONTAGE RD STE 5 STREET ADDRESS HASTINGS, MN 55033 CITY-ST-ZIP CITY-ST-ZIP TITLE DS ☐ Delete TITLE ☐ Change ☐ Addition VOGEL, JAMES D NAME NAME STREET ADDRESS 3926 TAMIAMI TRAIL NORTH, STE B STREET ADDRESS NAPLES, FL 34103 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition SWANSON, ROBERT NAME NAME 1125 S FRONTAGE RD STE 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HASTING, MN 55033 CITY - ST - ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition

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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAM NING OFFICER OR DIRECTOR

FILED