

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008492

Entity Name: BELLASERA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**221 NINTH STREET SOUTH
NAPLES, FL 34102**Current Mailing Address:**221 NINTH STREET SOUTH
NAPLES, FL 34102 US**FEI Number:** 20-0277610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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	GIVELOS, DON
Address	230 JOHNSTON AVE
City-State-Zip:	TORONTO ONTARIO M2N 1H3

Title	SECRETARY
Name	WHALEN, TOM
Address	13311 STRANDHILL DR
City-State-Zip:	ORLAND PARK IL 60462

Title	VP
Name	THERRIEN, THOMAS
Address	21655 COUNTY ROAD 117
City-State-Zip:	CORCORAN MN 55374

Title	DIRECTOR
Name	NEGLEY, BUD
Address	18 SABRE CAY
City-State-Zip:	NAPLES FL 34102

Title	TREASURER
Name	NOVITZKI, MARK
Address	463 ROLLS ROAD
City-State-Zip:	NEW BRIGHTON MN 55112

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: TOM WHALEN

TOM WHALEN

01/20/2022

Electronic Signature of Signing Officer/Director Detail_____
Date