2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #745223** 1. Entity Name

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90376 022 ****61 25

BAGATT	ELLE CONDOMINIUM ASSO	OCIATION, INC.				20 2000 70.	370 0 22	0112	
3461-B FAIRLANE FARMS RD. 34		Mailing Address 3461-B FAIRLANE FARMS WELLINGTON, FL 33414	3461-B FAIRLANE FARMS RD.						
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2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1232008 _{CI}	ng-NP	CR2E03	7 (12/06)	
City & State		City & State	City & State		FEI Number 59-18771 0	14			oplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of St	atus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	111	7.	Name and Add	ress of New R	egistered A	gent	
NEWSOM	E, JOHN		Name						
3461-B FAIRLANE FARMS BLVD. WELLINGTON, FL 33414			Street Address		(P.O. Box Number is Not Acceptable)				
			City				FL	Zip Cod	Θ
	a named entity submits this statement for	the purpose of changing its re	gistered office or	registered ag	gent, or both, in	the State of Flo		amiliar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signatu	en raquirad whon			DATE	.	
	orgination, typed or printed harris or registered again a	(11010111111111111111111111111111111111		are redmined when	reunstaturig)		UAIE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cor	aign Financing	\$5.	00 May Be		ake check	payable to	
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Cor	aign Financing	\$5.	00 May Be	Flori	ake check ida Depart	ment of S	tate –
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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.

SIGNATURE:	Juanua	12eyers	_lobanna 12	eyers	4-23-08	
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OF	FICER OR DIRECTOR		Date	Daytime Phone #