

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90061 009 ****61.25

DOCUMENT # 750310			
1. Entity Name BELLAGIO OF FORT LAUDERDALE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2755 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306		Mailing Address 2755 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306	
2. Principal Place of Business 1931-1941 NE 51st St. Suite, Apt. #, etc. 101 City & State Fort Lauderdale, FL Zip 33306 Country		3. Mailing Address 1931-1941 NE 51st St. Suite, Apt. #, etc. 101 City & State Fort Lauderdale, FL Zip 33306 Country	
4. FEI Number 84-0611917		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALSECCHI, STEFANO 2755 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name SAEZ, PEDRO P. Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue Suite 950 City Miami FL Zip Code 33131	
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 <i>X</i> PEDRO P. SAEZ DATE <i>X 8/15/06</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRI, SILVIA <input type="checkbox"/> Delete 2755 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3800 Galt Ocean Drive #804 Ft. Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD VALSECCHI, STEFANO <input checked="" type="checkbox"/> Delete 2755 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DEL' CARRO, MANOLO <input type="checkbox"/> Delete 2755 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3800 Galt Ocean Drive #804 Ft. Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: <i>X Silvia Ferreri</i>		Date <i>X 08/15/06</i> Daytime Phone # <i>954 297 7373</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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