2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750310

FILED Apr 24, 2008 Secretary of State

Entity Name: BELLAGIO OF FORT LAUDERDALE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

777 BRICKELL AVENUE, SUITE 950 MIAMI, FL 33131

777 BRICKELL AVENUE, SUITE 1110

MIAMI, FL 33131

Current Mailing Address:

New Mailing Address:

C/O SAEZ & ASSOCIATES 777 BRICKELL AVENUE, SUITE 950 C/O SAEZ & ASSOCIATES 777 BRICKELL AVENUE, SUITE 1110

MIAMI, FL 33131

MIAMI, FL 33131

SAEZ, PEDRO P

FEI Number: 84-0611917

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAEZ, PEDRO P 777 BRICKELL AVENUE SUITE 950

777 BRICKELL AVENUE

SUITE 1110

Address:

MIAMI, FL 33131 US

MIAMI, FL 33131 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: PEDRO P. SAEZ

04/24/2008

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete FERRI, SILVIA

Name: FERRI, SILVIA

777 BRICKELL AVENUE, SUITE 950 Address:

777 BRICKELL AVENUE, SUITE 1110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

City-St-Zip: MIAMI, FL 33131

Name:

City-St-Zip: MIAMI, FL 33131

Title: ASD () Delete DEL CARRO, MANOLO Name:

Title: ASD (X) Change () Addition Name: DEL CARRO, MANOLO

Address: 777 BRICKELL AVENUE, SUITE 950

Address: 777 BRICKELL AVENUE, SUITE 1110

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SILVIA FERRI Ρ 04/24/2008