
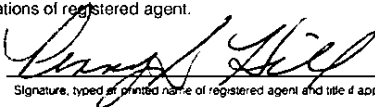
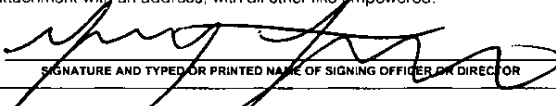


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90010 014 ****61.25

| | | | |
|--|---|---|--|
| DOCUMENT # 768042 1. Entity Name BELL PLAZA CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business 2395 TAMiami TRAIL PO BOX 3014 PORT CHARLOTTE, FL 33949-0014 | | Mailing Address PO BOX 380758 MURDOCK, FL 33938 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address c/o Star Hospitality Management 6025 Taylor Rd Unit 2 Punta Gorda FL 33950 | |
| City & State Punta Gorda FL | | 4. FEI Number 59-2654094 | |
| Zip 33950 | | Country FL | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MAYER, MOLLY P. 120 SW PECKHAM ST P. O. BOX 3014 PORT CHARLOTTE, FL 33949 | | 7. Name and Address of New Registered Agent Name STAR HOSPITALITY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 6025 TAYLOR ROAD Unit 2 Punta Gorda FL 33950 | |
| 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  | | DATE 8/24/07 | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 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 | VD PABON, DANIEL 2395 TAMiami TR #206 PORT CHARLOTTE, FL 33952 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT PABON, DANIEL 2395 TAMiami TR #206 PORT CHARLOTTE, FL 33952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PARKES, MOLLY PO BOX 496186 PORT CHARLOTTE, FL 33949 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-PRESIDENT GREGG FINGER 2395 TAMiami TR #103 PORT CHARLOTTE, FL 33952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAZWELL, STANLEY 2395 TAMiami TRAIL #17 PORT CHARLOTTE, FL 33952 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER JOSEPH TIMOTHY BOGLE 2305 TAMiami TR 101 PORT CHARLOTTE, FL 33952 |
| 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:  | | DATE 8-29-07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |