

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768042

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** BELL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2395 TAMIAMI TRAIL  
PO BOX 3014  
PORT CHARLOTTE, FL 339490014

**New Principal Place of Business:**

2395 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33949

**Current Mailing Address:**

C/O STAR HOSPITALITY MANAGEMENT  
6025 TAYLOR RD UNIT 2  
PUNTA GORDA, FL 33950

**New Mailing Address:**

C/O STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950

**FEI Number:** 59-2654094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAR HOSPITALITY MANAGEMENT  
6025 TAYLOR ROAD  
UNIT 2  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 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: \_\_\_\_\_

02/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PABON, DANIEL  
Address: 2395 TAMIAMI TR #206  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP ( ) Delete  
Name: FINGER, GREGG  
Address: 2395 TAMIAMI TRAIL #103  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete  
Name: BOGLE, JOSEPH T  
Address: 2305 TAMIAMI TRAIL #101  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL PABON

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date