

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N00000007495

1. Entity Name  
BELLAGIO VILLAGE ASSOCIATION, INC.



**FILED  
Apr 29, 2008 8:00 am  
Secretary of State**

04-29-2008 90076 050 \*\*\*\*70.00

Principal Place of Business  
CARDINAL MGMT GROUP OF S. FL., INC.  
5067 TAMAMI TRAIL EAST  
NAPLES, FL 34113

Mailing Address  
CARDINAL MGMT GROUP OF S. FL., INC.  
5067 TAMAMI TRAIL EAST  
NAPLES, FL 34113

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3682946

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARDINAL MANAGEMENT GROUP  
5087 TAMAMI TRAIL EAST  
ATTN: DANA FULKER  
NAPLES, FL 34113

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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 P  
NAME ROFMAN, CHARLES  
STREET ADDRESS 8528 BELLAGIO DRIVE  
CITY-ST-ZIP NAPLES, FL 34114

Delete

Change

Addition

Charles Kofman

TITLE D  
NAME PIPER, SR., DAVID  
STREET ADDRESS 8503 BELLAGIO DRIVE  
CITY-ST-ZIP NAPLES, FL 34114

Delete

Change

Addition

TITLE DV  
NAME STONE, EDWARD  
STREET ADDRESS 8576 BELLAGIO DR  
CITY-ST-ZIP NAPLES, FL 34114

Delete

Change

Addition

Stephen Shulman  
8589 Bellagio Drive  
Naples, FL 34114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change

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:** *C. Kofman*

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/08 239 774-0723*

Date

Daytime Phone #