2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007495

Entity Name: BELLAGIO VILLAGE ASSOCIATION, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	AMI TRAIL EA	OUP OF S. FL., INC. IST					
Current Mailing Address:				New Mailing Address:			
	AMI TRAIL EA	OUP OF S. FL., INC. AST					
FEI Number:	59-3682946	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certifica	ate of Status Desired (X)
Name and	Address of (Current Registered Agent:		Name and	Address of	New Reg	jistered Agent:
CARDINAL MANAGEMENT GROUP 5087 TAMIAMI TRAIL EAST ATTN: DANA FULKER NAPLES, FL 34113 US				CARDINAL MANAGEMENT GROUP 5087 TAMIAMI TRAIL EAST NAPLES, FL 34113 US			
The above in the State		submits this statement for the pu	ırpose of	changing it	s registered	office or r	registered agent, or both,
SIGNATURE: CARDINAL MANAGEMENT GROUP				04/28/2009			
	Electro	nic Signature of Registered Ager	nt				Date
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OF	FICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P (KOFMAN, CHA 8528 BELLAGI NAPLES, FL 3	O DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	VP (PIPER, SR., D. 8503 BELLAGI NAPLES, FL 3	O DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	ST (SHULMAN, STI 8589 BELLAGI NAPLES, FL 3	O DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (DAVID, RAYM 8579 BELLAG NAPLES, FL	OND IO DRIVE	(X) Addition
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (KAISER, NOR 8592 BELLAG NAPLES, FL :	BERT IO DRIVE	(X) Addition
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (MELLEMA, RI 8593 BELLAG NAPLES, FL :	CH IO DRIVE	(X) Addition

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: CHARLES KOFMAN P 04/28/2009