

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0001783

DOCUMENT # NO1000008503

1. Entity Name

BELLAGIO AT SUN CITY CENTER FT. MYERS PROPERTY OWNERS ASSOCIATION, INC.

04-07-2002 90082 030 ****61.25

Principal Place of Business Mailing Address
24301 WALDEN CENTER DRIVE SUITE 300 **24301 WALDEN CENTER DRIVE SUITE 300**
BONITA SPRINGS FL 34134 **BONITA SPRINGS FL 34134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3759313** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE SUITE 300
BONITA SPRINGS FL 34134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **OAK, TIM**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE SUITE 300**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **PD** ☐ Change ☒ Addition
 NAME **THOMAS, RENE**
 STREET ADDRESS **24301 WALDEN CENTER DR., STE 300**
 CITY-ST-ZIP **BONITA SPRINGS, FL. 34134**

TITLE **VD** ☒ Delete
 NAME **MCCHESNEY, VALERIE**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE SUITE 300**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **STD** ☐ Change ☒ Addition
 NAME **KEITH, SYLVIA**
 STREET ADDRESS **2020 GLENHURST DR.**
 CITY-ST-ZIP **SUN CITY CENTER, FL. 33573**

TITLE **STD** ☐ Delete
 NAME **FLINN, MILT**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE SUITE 300**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VD** ☒ Change ☐ Addition
 NAME **FLINN, MILT**
 STREET ADDRESS **24301 WALDEN CENTER DR. STE 300**
 CITY-ST-ZIP **BONITA SPRINGS, FL. 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-03

813-642-1454

Date

Daytime Phone #

CR2E037 (9/01)