

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90043 048 \*\*\*\*61.25

<b>DOCUMENT # N02000006614</b> 1. Entity Name <b>BELLAMAR AT BEACHWALK CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>P O BOX 212 ESTERO, FL 33928</b>		Mailing Address <b>P O BOX 212 ESTERO, FL 33928</b>	
2. Principal Place of Business  <b>P &amp; M Property Management 15660 San Carlos Blvd. # 40 Fort Myers, Florida 33908</b>		3. Mailing Address  <b>P &amp; M Property Management 15660 San Carlos Blvd. # 40 Fort Myers, Florida 33908</b>	
4. FEI Number <b>51-0428275</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>L.A. PROPERTY MANAGEMENT 18557 IRIS RD FORT MYERS, FL 33912</b>		7. Name and Address of New Registered Agent Name <b>PAUL SAPP</b> Street Address (P.O. Box Number is Not Acceptable) <b>15660 San Carlos Blvd. # 40</b> City <b>Fort Myers</b> FL Zip Code <b>33908</b>	
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 <i>Paul Sapp</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>7/26/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD WILKINS, ED P O BOX 212 ESTERO, FL 33928</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD Don Pintar 15480 Bellamar Cir # 2501 Fort Myers, FL 33908</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPD POWERS, JULIA P O BOX 212 ESTERO, FL 33928</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPD Jeff Hossler 15441 Bellamar Cir # 1111 Fort Myers, FL 33908</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD ETERNO, RON P O BOX 212 ESTERO, FL 33928</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD Pat Waibel 15477 Bellamar Cir # 2122 Fort Myers, FL 33908</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD BUCK, JOE P O BOX 212 ESTERO, FL 33928</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD Wayne Sweet 15490 Bellamar Cir # 2111 Fort Myers, FL 33908</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>AS AYERS, LORI ANN P O BOX 212 ESTERO, FL 33928</b>	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D SKAGGS, DAN P O BOX 212 ESTERO, FL 33928</b>	<input type="checkbox"/> Delete		<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: <i>Paul Sapp</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>7/26/06</b> DAYTIME PHONE # <b>239 881-1577</b>	