


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90140 039 \*\*\*\*61.25

<b>DOCUMENT # N02000006614</b> 1. Entity Name <b>BELLAMAR AT BEACHWALK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>P &amp; M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908</b>			Mailing Address <b>P &amp; M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908</b>		
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 <b>51-0428275</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SAPP, PAUL 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908</b>			Name <b>PAUL SAPP</b> Street A <b>P &amp; M Property Management</b> <b>14360 So. Tamiami Trail, Unit B</b> City <b>Fort Myers, Florida 33912</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>3-12-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PINTAR, DON</b>		NAME		
STREET ADDRESS	<b>15480 BELLAMAR CIR #2521</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HOSSLER, JEFF</b>		NAME	<b>JOE BUCK</b>	
STREET ADDRESS	<b>15441 BELLAMAR CIR #111</b>		STREET ADDRESS	<b>15393 BELLAMAR #524</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WAIBEL, PAT</b>		NAME	<b>PAT WAIBEL</b>	
STREET ADDRESS	<b>15477 BELLAMAR CIR #2122</b>		STREET ADDRESS	<b>15477 BELLAMAR CIR #2122</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SWEET, WAYNE</b>		NAME		
STREET ADDRESS	<b>15490 BELLAMAR CIR #2411</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>AYERS, LORI ANN</b>		NAME	<b>GAYANN BLOOM</b>	
STREET ADDRESS	<b>P O BOX 212</b>		STREET ADDRESS	<b>15390 BELLAMAR #3212</b>	
CITY-ST-ZIP	<b>ESTERO, FL 33928</b>		CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SKAGGS, DAN</b>		NAME		
STREET ADDRESS	<b>P O BOX 212</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ESTERO, FL 33928</b>		CITY-ST-ZIP		
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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3-14-07</b> Daytime Phone # <b>454-6535</b>		